Social and Rehabilitation Service UNITED STATES DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE Volume 1/Number 6/December 1972
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needs assessment

Key to better planning.
Basis for effective management.
Guide to resource utilization.

HUMAN NEEDS

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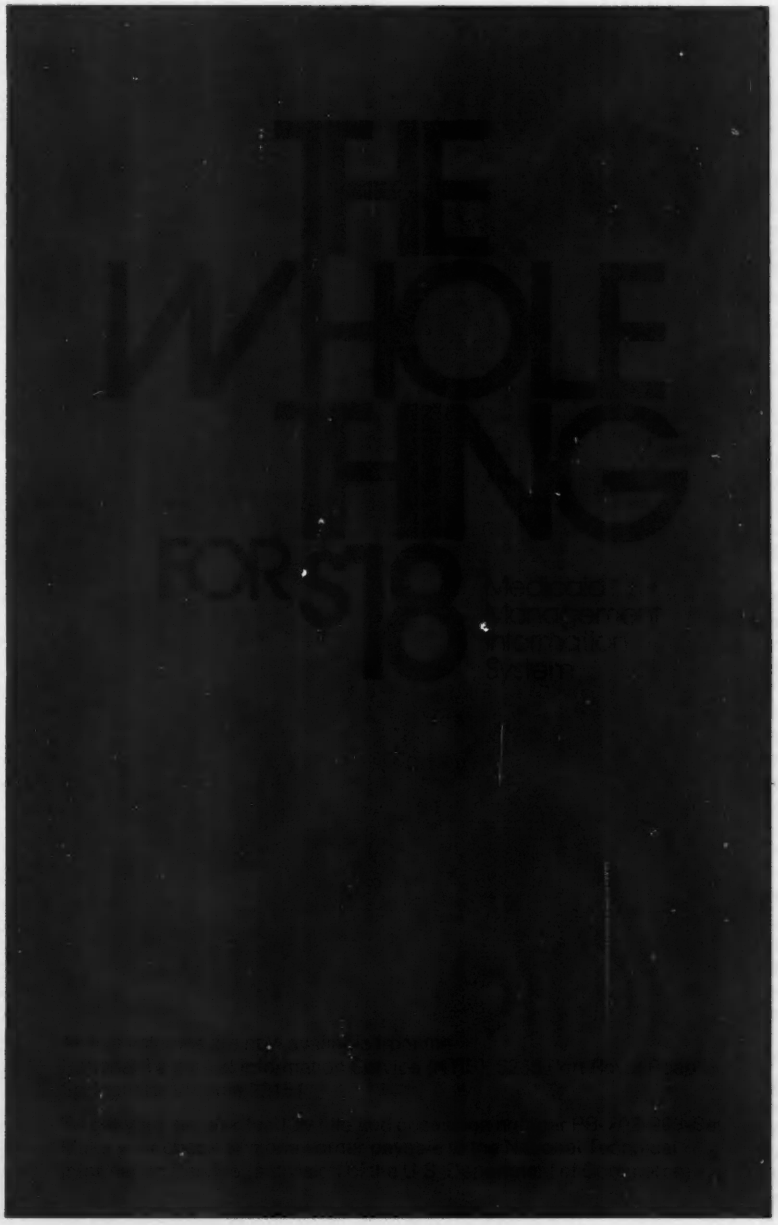

Cover Notes

We all know what a "blessed event" is. It is the birth of a baby. Cigars are handed out by the proud father. Flowers and gifts are sent to the mother and the new baby. Grandparents buy Savings Bonds for the child's education, and everyone rejoices and celebrates the beginning of a new life. Sometimes. . .but not always.

Many children come into this world amid poverty and despair. From the moment of their births they are deprived. As infants, young children, teenagers, and finally as adults, they will be denied so many things in life that are pleasant and enjoyable. In some cases they will be denied the necessities—enough food, warm clothes, a house to live in, decent medical care.

The hopes of the world lie with children. The new supplants the old, and with each new generation come new ideas and perhaps new solutions to old problems.

But hungry children will not grow into adults who can solve the problems of hunger. Children who have lived with blight and poverty will not create brave new cities full of clean air, wide streets, and green parks. They are much too concerned with their personal survival to worry about ways to help the rest of us.

We must help the children. If we let hungry, cold children grow into hungry, cold adults, no solutions will be found and no new discoveries will be made. Only more discontent, more need, and more despair will greet the next generation.

This is a cycle which must be broken. We must give all children a chance to grow strong of mind and body. The discoveries are there to be made; the solutions are there to be found. If we give our children the opportunity, they can find the answers and, in turn, make the world a better place for all. —K.F.T.

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Our system of justice does not equitably handle the problems connected with a retarded juvenile accused of a crime.

police, courts, and the M.R. Offender

FRED J. KRAUSE. The juvenile courts in the United States today have become a kind of dumping ground for many of our youth. The failure of the courts stems, in part, from inadequate resources. Quality probation services, community-based treatment centers, and properly educated judges and personnel concerned with prevention and rehabilitation are grossly lacking. These deficiencies, serious as they are for any juvenile offender, are tragically compounded in the case of the retarded.

Juvenile offenders, especially the retarded, present special problems for law enforcement agencies. Retarded juveniles alleged to have committed an offense are often faced with legal procedures which they do not understand. They go through arrest, trial, and conviction, dealt with by people who have little or no understanding of their mental handicap. Finally, they are incarcerated in penal institutions without treatment or management appropriate to their condition.

Few knowledgeable individuals would assert that we deal adequately with the problem of justice for non-retarded juveniles. Deficiencies in the system are multiplied many times over in the case of retarded children and youth who become enmeshed in our juvenile justice system.

The Youth Development and Delinquency Prevention Administration, a component of SRS, asserts in the booklet, *Delinquency Today, A Guide for Community Action*, that the charge that the juvenile justice system discriminates against the poor is "not without merit." Yet is is precisely this group—ghetto youth, particularly minority group members—who are more likely to be caught up in the juvenile justice system. And when they are, they must run the gamut from arrest and processing to adjudication by the courts.

To be poor, retarded, and caught in the toils of the law is an invitation to tragedy. Yet, the statistics show that the retarded are disproportinately poor, and many of them are enmeshed in our system of justice.

About six million individuals—3 percent of the U.S. population—are retarded. Most suffer only mild or moderate retardation. With help, these people can live fruitful lives. But few, however, are able to understand their legal rights; even fewer can defend those rights.

Frequently, those charged with the administration of justice are unable to recognize retardation. When they do, they usually cannot cope with it. For most retarded offenders, recitation by a law officer of the "Miranda Card" explaining their rights becomes an empty ceremony.

The retarded, who usually want approval and thus seek to oblige, often "confess" to alleged crimes without understanding the consequences. It is rare when they understand their right to legal representation.

Following a meeting last year with members of the President's Committee on Mental Retardation, President Nixon said:

"Encouraging progress is already being made, both in our efforts to open better lives for the mentally retarded and in our ability to prevent the occurrence of retardation.

"To launch this coordinated national effort at reducing mental retardation and ministering more effectively to its victims I am today initiating a review process throughout the Federal Government. . .

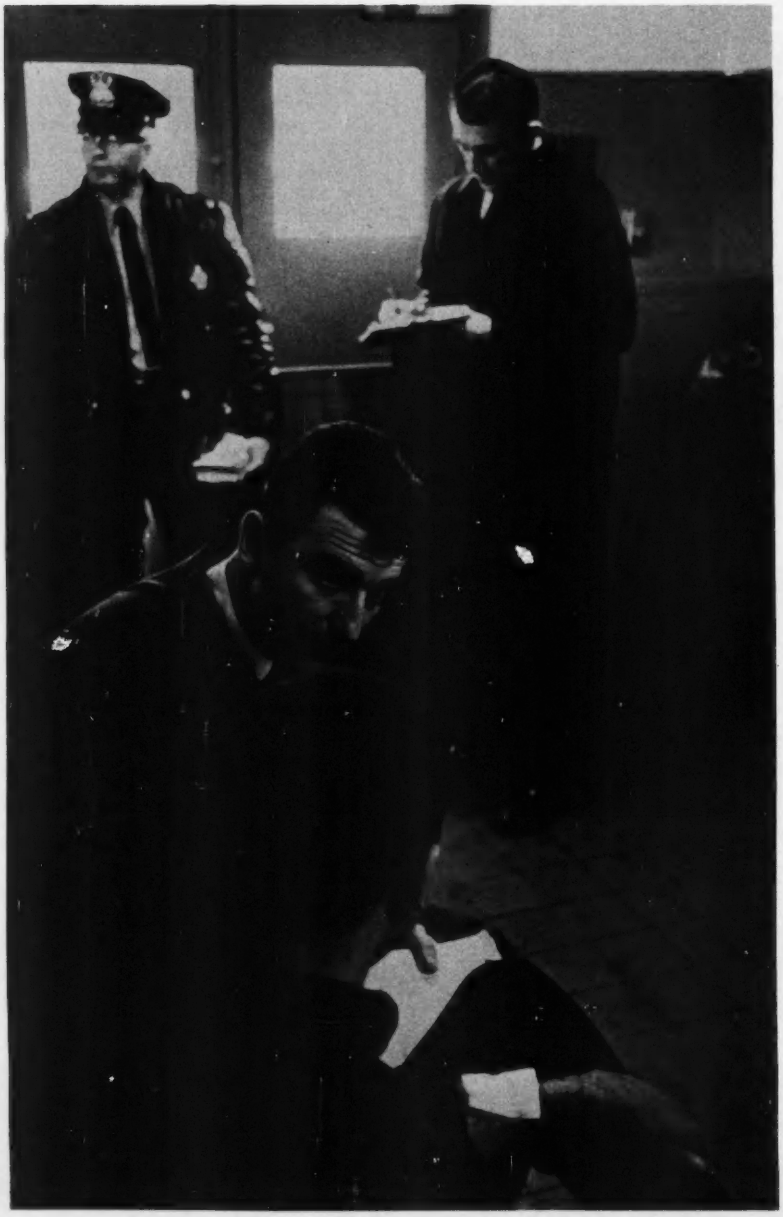
"I am also directing that the Department of Justice take steps to strengthen the assurance of full legal rights for the retarded."

I would like now to cite eight recommendations concerning the retarded and the law.

1. Mental health and retardation referral services should be established ideally in affiliation with a university, and organized through the county departments of mental health or on a Statewide or regional basis. If, at the time of taking the individual, juvenile or adult, into custody or at any subsequent stage of the proceedings, there are indications that he is mentally retarded, the attorney for the individual or other interested party should immediately seek an emergency hearing on the issue of mental incapacity.

2. Rights of retarded suspects at the time of arrest and during interrogation, including the admissibility of statements and confessions made by them, should be carefully studied.

3. Every retardate should be repre-



sented by counsel. Waivers can too easily be obtained from them without any real or intelligent knowledge on their part.

4. When a finding of incompetency to stand trial or a verdict of not guilty by reason of insanity is made, the court should consider the most appropriate disposition, based upon expert knowledge. The area of competency to stand trial offers the prosecution a powerful device for controlling people, since most jurisdictions permit this issue to be raised by the prosecutor as well as by the accused. It may even be raised over the objection of the accused. A situation is thus created in which persons whose offenses are so minor that they would not consider raising the insanity defense (and who may not be considered dangerous enough to warrant civil commitment) can be committed indefinitely.

5. Rules should be formulated determining the criminal responsibility of the retarded offender. The current indecision in this area operates to the distinct disadvantage of the retardate.

6. Correctional and penal institutions should develop adequate testing programs so that inmates suspected of being retarded can be tested

7. Courts must have access to diagnostic facilities and community residential treatment programs if they are to ameliorate delinquency.

8. Specific treatment programs must be available in correctional and penal institutions to enable the facilities to release to the community retarded offenders who pose no further threat and who are able to lead satisfying lives outside the institution.

Like the population as a whole, lawyers and judges tend to view all retarded persons in much the same way. The picture projected of the retardate is that of a person unable to comprehend the world in which he lives, condemned to a pitiful existence. Yet, the fact is that the moderately retarded can master simple tasks and the mildly retarded can master school work at the elementary level.

The problem would be greatly eased if the police were properly trained to recognize mental retardation. Recognition would lead to fewer arrests. Where arrests were made, efforts would be made more frequently to obtain immediate legal help. And if retardation were noted by the arresting officer, it could not be readily ignored during any subsequent trial.

Recognition at the time of arrest is critical for subsequent court proceedings, for placement where sentencing results, and for subsequent treatment.

The retarded lack intellectual capability and sophistication needed to behave at all times in accordance with accepted norms. Their concerns are with immediate gratification and they usually are unable to foresee long-range consequences. Where retarded youth in particular become involved with delinquent peer groups, they are easily led into acts that conflict with the law. And since retardation often is a product of malnutrition, environments lacking adequate mental stimulation, and other economic and cultural deprivation, it tends to be more prevalent where poverty and street crime tend to breed.

Although the retarded make up only 3 percent of the Nation's population as a whole, they account for nearly 10 percent of the population in U.S. jails—about 21,000. These figures should not be interpreted to mean that the retarded are three times as prone to crime as other Americans. We must remember that the percentage of retardation is much higher among the poor—probably at least 7 percent.

Moreover, the retarded person, because his retardation often is not taken into account, is more likely to wind up in jail and, indeed, to stay there. Our laws seldom make provision for the retarded offender. Instead, they apply terms appropriate only to the mentally ill—"of unsound mind," for example—which can result in sentences that say "until recovered." In effect, this can mean life sentences for petty crimes.

We now are groping for better answers. Our U.S. Supreme Court recently handed down a decision which we hope spells the end of such unjust treatment. In the case of *Jackson v. Indiana*, the Court ruled that the State cannot commit a mentally retarded person by such procedures.

A year ago, the President's Committee on Mental Retardation, seeking to focus attention on such problems, jointly conducted a regional seminar with HEW and the State of Rhode Island. Next year, a National Conference on the Legal Rights of the Retarded is planned.

The States, too, are showing concern for the problem. Florida has begun the first mandatory police training program that includes recognition and the handling of the retarded. The Florida Association for Retarded Children, a voluntary organization, has conducted two-day institutes for judges. Tennessee has conducted a research and demonstration program in an effort to determine why the number of mentally retarded offenders in its prisons is nearly three times greater than the national average.

"Recognition at the time of the arrest is critical."

Under the Juvenile Delinquency Prevention Act of 1972, funds may be made available by Congress for the following programs:

- delinquency prevention projects that deal with retardation
- police and court personnel training
- legal seminars dealing with the rights of the retarded and the obligations of the courts, and
- dissemination of information and other related purposes

Our job is partly educational. We need to make the police and all within the Nation's justice system understand that mental retardation is not the same as emotional disorder or mental health; that the retarded generally are more *like* than *unlike* the rest of the population; that they are not violent; that they may not be able to express themselves; that given a full opportunity they can achieve much more than the Nation now expects.

We need, of course, to build safeguards into our laws, to end oppressive laws and procedures, to insure full justice under law for the retarded as well as those whom we consider normal. The two go together. While we must recognize the special problems of the retarded youthful offender, we cannot hope for substantial improvement in the treatment he receives until we correct the deficiencies in our overall system of handling juvenile delinquency. When we stop sending young people to reformatories that don't reform or—worse still—to institutions where they mingle with hardened adult criminals, and when we instead substitute truly rehabilitative treatment in more normal settings, the retarded will benefit along with those of normal intelligence.

An experiment that appears to offer great promise is underway in Hartford, Connecticut. The Jaycees are about to purchase a second house for use in a program dealing with retarded adolescents.

The first, which has been open about a year and a half, provides a transition from the correctional institution to either a foster home or the natural home. The second house will be used for the diagnosis and treatment (for up to six months) of functionally retarded boys 12 to 18 who have come into contact with the law.

We are just now making a beginning and we have a long way to go. From my vantage point, nonetheless, I am reasonably optimistic we shall progress. IN

Mr. Krause is Acting Executive Director of the President's Committee on Mental Retardation.

New Law from the 92nd Congress

JUDITH D. MOORE. During the 1970-1972 term of the 92nd Congress a number of bills related to the social and rehabilitative services were enacted and signed into law by President Nixon. They are listed and described briefly here.

Additional legislation in support of education, health, equal opportunity, employment, and housing was debated and enacted. As the fiscal year progresses, the relationships between these public laws and the social services will become clearer at all levels of government.

We hope the following information is of general use to staffs in public and private agencies serving America's vulnerable populations.

H.R. 1

The first piece of legislation placed in the hopper of the 92nd Congress in January, 1970, was a package known as "H.R. 1," amendments to the Social Security Act. The major welfare reform features of H.R. 1 were removed from the package as it wound through both Houses of Congress to enactment of the last day of the Second Session. Nevertheless, the final Act, P.L. 92-603, is complex enough to require careful study by everyone in the social services field.

At this time, we can say that a number of important changes have been legislated in the Old-Age, Survivors, and Disability Insurance (OASDI) program; Medicare; Medicaid; Maternal and Child Health; and the Adult Assistance program. The significant change for SRS is the one authorizing a new Federal program of assistance for the needy aged, blind, and disabled.

For the first time in this country, a nationally financed and nationally administered program of public assistance will be available to everyone eligible for the so-called "adult categories": Old-Age Assistance (OAA), Aid to the Blind (AB), and Aid to the Permanently and Totally Disabled (APTD). This national program will be transferred from SRS to the Social Security Administration. It is fully effective as of January 1, 1974.

Another important provision of H.R. 1 with great impact on SRS is the provision for Medicare coverage of the disabled. On the Medicaid side there are a number of changes affecting nursing home programs; a co-payment is mandated for persons eligible for certain Title XIX programs; the requirement for "maintenance of effort" by the States has been eliminated; certain reimbursements are allowed for Health Maintenance Organizations (HMO's) and comprehensive health service organizations; family planning services are now mandated for Medicaid eligibles; and the legislative authority is there for the establishment of Professional Standards Review Organizations (PSRO's) which would oversee the conduct of physicians' services, fees, ethics, competence, and related matters.

Delinquency Prevention

Under the terms of P.L. 92-381, the Juvenile Delinquency Prevention Act of 1972, the format for delinquency prevention programs will be "Youth Service Systems." A comprehensive, coordinated Youth Service System is a community-based program for the delivery of a variety of services. The delivery is accomplished through different agencies—State, county, municipal, public, and private—and is directed toward aiding youths surmount barriers preventing them from reaching their full potential.

At least 80 percent of funds that may be appropriated to carry out the provisions of P.L. 92-381 must be used to underwrite Youth Service Systems. Grants or contracts must be awarded according to an understood priority for those areas with the highest rates of youth crime and delinquency, school dropouts, and youth unemployment.

The legislative history shows that every Youth Service System, or part of such a System, that is funded under this Act must be administered in a manner separate from—and independent of—the juvenile justice system. Services provided by a Youth System must be given and received with consent on both sides; youths cannot be legally bound over to a Youth Service System, as under the ju-

venile justice system. However, any youths who are already under the authority of the juvenile justice system may be accepted for a specific type of service, if the youth voluntarily requests it and both parties consent.

Money

In the absence of an appropriations measure to cover FY73, the Departments of Labor and of Health, Education, and Welfare are operating under a "continuing resolution," P.L. 92-334, as amended. SRS, as an agency within HEW, will therefore be expending and obligating funds under the terms of such a resolution, which are simple to follow: for the majority of SRS programs, the rate of spending will not exceed the rate of the preceding fiscal year.

This usually means that an agency's monthly obligations will not exceed one-twelfth the total amount of money spent the last fiscal year. For the record, the continuing resolution does not expire until February 28, 1973; the budget authority for SRS during FY72 was $13.5 billion; and only those programs funded in FY72 may continue to receive funds under the terms of the resolution.

A supplemental appropriation authorizing the expenditure of approximately $800 million for a few SRS programs was signed by the President at the close of the Session.

Nutrition

On March 22, 1971, President Nixon signed the National Nutrition Program for the Elderly into law (P.L. 92-258). It is administered by the Administration on Aging. The Program is designed to provide older Americans, particularly those with low incomes, nutritionally sound, low-cost meals.

These meals are to be served in a variety of settings convenient and familiar to the elderly: schools, community centers, senior citizen centers, public housing, and other public or private facilities where other social and rehabilitative services are also available. Home-delivered meals are also authorized under the Program.

Basically the National Nutrition Program for the Elderly has as its goal the provision of one hot meal a day at least five days a week to any needy person 60 years of age or older and his or her spouse of any age.

P.L. 92-258 is to be administered in each State by the State agency on aging, unless another agency is designated by the Govenor and approved by the Secretary of HEW. The State administering agency will, in turn, make grants to or contract with a single public or private non-profit agency, institution, or organization for the actual meal preparation and delivery.

States participating in the National Nutrition Program for the Elderly must submit a State plan. This plan must provide that, in making its awards or contracts, the State agency will assure that each project funded will serve primarily low-income older persons in greatest need of nutrition services.

The State plan must also show that awards will be made to initiate projects to serve minority, Indian, and non-English-speaking eligible individuals in proportion to their numbers within the State.

Research has shown that elderly people prefer to make some contribution to the cost of their services. Hence, the Program gives any eligible person an opportunity to pay all or part of the cost of a meal. There will, however, be no means tests nor can anyone be turned away for an inability to pay. The State plan requires the setting of a single fee or a range of fees, but each individual may decide what to pay —if anything.

Limitation on Funds

Title III of the Revenue Sharing Act of 1972—P.L. 92-512—limits the amount of Federal matching funds available under the Social Security Act for State social services expenditures.

Until the passage of P.L. 92-512, the funding of social services was "open-ended." The Federal Government was obligated to put up 75 percent of the costs of social services without the traditional appropriations limits. The key limitation was the ability of States to come up with their 25 percent share.

As the States became aware of the breadth of services for which matching was allowable, the States expanded services and requested more Federal funds.

Beginning with this fiscal year (FY73), the total amount payable to the States for social services (exclusive of services connected to the Work Incentive—WIN —Programs) is limited to $2.5 billion, apportioned to the States on the basis of population.

No more than 10 percent of the Federal payments to any State (that is, the 75 percent matching funds) may be for services provided to former or potential assistance recipients, as distinguished from recipients currently eligible and on the assistance rolls; however, in determining what should or should not be counted for this 10 percent maximum, the States and the Federal Government will exclude five specific services: child care, family planning, services for the mentally retarded, rehabilitation services to drug addicts and alcoholics, and foster child care. HN

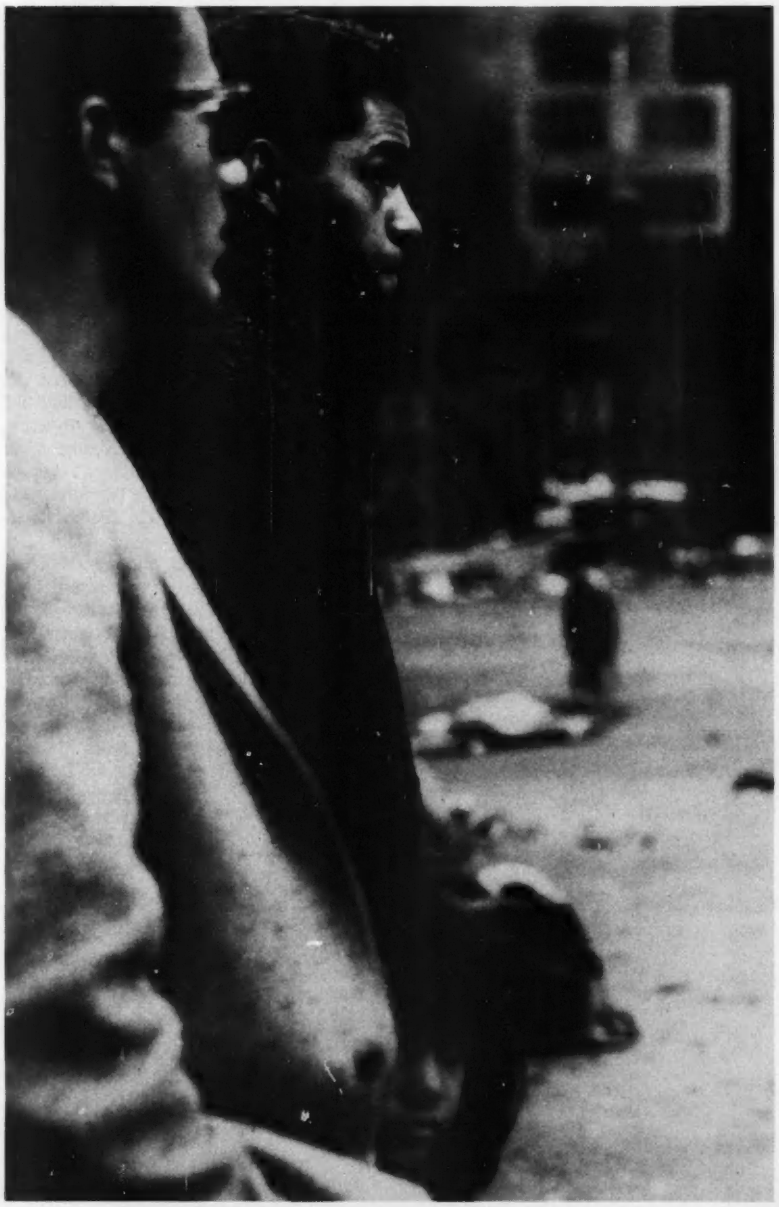
Ms. Moore is a member of the staff of the Assistant Administrator for Legislation, SRS.

PUERTO RICAN DAY

An introduction to the Puerto Rican Child

CHARLES E. WILSON. Social service workers may meet up with young Puerto Ricans for a few minutes in a day. But those children are living an intense life the rest of the day. It is a life that may be very unfamiliar to the white or black, middle-class social worker. The child may not—in fact, he just won't—make too many allowances for the ignorance of the worker about the Puerto Rican life-style.

Race, culture, class, and sex do create communications barriers between those who serve and those who need to be served. Sometimes those barriers are deliberately maintained, and no amount of smooth talking or careful role-playing will fool the Puerto Rican child. You are —or are not—for real, and the child will know. (For that matter, most children regardless of race or culture will know.)



Anyone who would just as soon "keep those people in their place" need read no further. I have nothing to tell them except this: please leave the field.

But there are many other social service professionals who are part of the dominant cultural pattern in America—white, middle-class—who sincerely want to relate to children in the Puerto Rican community, but "something just doesn't click." It is important to know that on both sides—among the social workers and among the Puerto Rican families—there is a genuine desire to get that "click" into the system.

It has been our privilege, through the work of the National Center for the Improvement of Educational Systems, to get insights from Puerto Ricans themselves on how best to serve the needs of children, to reach children, to give them what they have a right to receive in our society. Here are some things we have learned, things we all have a responsibility to know:

Puerto Rican children are taught not to look up when they are being scolded by an adult. Looking down is a sign of respect; looking up at the adult is a sign of *dis*respect. I wonder how many youth service workers have been shown sincere respect by these children—and have walked away mistakenly exasperated: "The kid wouldn't even look me in the eye."

Similarly, Puerto Rican children are not to answer back. Period. Hence, when you ask them a rhetorical question —you will not receive an answer. The silence is not insolence, but respect. You simply have to give them the benefit of the doubt on this matter.

Puerto Rican children do not like to be touched on the face. If you wish to make some contact, you can place your arm around the child's shoulder. If the child allows you to pat his or her cheek, then this is a sure sign of great trust.

Puerto Rican children are taught to respect and obey all older brothers and sisters. This is related to a general respect for all elders, but also derives from

the fact that both Puerto Rican parents in most families go to work; hence, the little ones are firmly instructed to obey the older ones. And they do.

This situation also produces the phenomenon of the older child being a surrogate parent, showing up for a conference with a social worker to discuss the problems of a smaller sibling. You have to deal with them as you would deal with the parent. In addition, parents may not show up because they are not able to handle English conversation well enough; here again, an older child will be sent and the family—if you do not—will consider the whole thing quite reasonable and fair.

Co-ed play is not acceptable among Puerto Ricans. While the classroom is co-ed in the Island, the playground is not. Hence, many social activities for Puerto Rican children are divided between the boys and the girls—or they just won't go over with the kids or with the parents either.

Social service workers new on the job often have trouble learning who their clients are. They sometimes believe they have more than they do have, because Puerto Rican names are not handled as the majority culture handles names. Puerto Rican children often carry both the father's name and the mother's maiden name. For example, Juan Vega Ortiz would be Juan Vega, his father's surname by which he is most frequently addressed by his friends, with his mother's maiden name—Ortiz—at the end. But he is still known as Juan Vega and his children will be named Vega—carrying also, of course, the maiden name of his wife, their mother. For Anglo-Saxons or blacks it may sound very complicated; for Puerto Ricans it is all quite natural.

Children who have arrived on the mainland from the Island will have many Island habits which ought to be understood by whites or blacks who work with them. For example, in rural Puerto Rico, children have many early morning chores to do. If they are late for school or other morning responsibilities, it is understood and excused. Rain is another excuse readily given and accepted.

Food on the mainland is also different from food on the Island or the cooking in one's own home. Puerto Rican children in day care centers or other youth service centers should participate in menu planning, if the social service workers are not familiar with Puerto Rican food

preferences. As any nutritionist knows, good food, nourishing food, will not be consumed if it is esthetically unpleasant or unfamiliar. "White" sandwiches or "black" soul food may well be rejected by Puerto Rican children. And there should be no reason for the social worker who prepared it to be surprised or hurt.

Parents are not accustomed to receiving notes from service professionals concerning their children. The tradition is the home visit. Personal contact is very important to Puerto Rican parents and will be expected by them. Sending notes home to parents or guardians—or even older siblings—won't work. Neither will the sending of circulars, notices, or other information that may require some response: check-marks, signature, or what-have-you. Granted, on the Island such personal contact is more easily carried out, since the towns and villages are smaller and personal contact requires no extra effort; however, this matter of courtesy—the personal interview on matters concerning a child—is a tradition that has been carried to the mainland.

As a matter of fact, a note home to parents will usually provoke some punishment. If a social service worker or instructor must resort to a written note about a child—and not make the personal contact—then it will be assumed the child has been very bad indeed. Punishment will ensue. The chances are that, from then on, whether the worker deserves it or not, he will be associated in the child's mind with a beating by his parents. That's not the best way to establish a good relationship.

These little points do not constitute a complete picture of the culture of the Puerto Rican child, nor will they automatically eliminate conflict. It is not simple for the youngster to negotiate the American (mainland) "system." Most children would like to succeed, however; they would really like to make it. The biggest barrier to their success is not their language or their customs or family traditions or anything else of theirs. The biggest barrier is the prejudice and insensitivity often found among social workers and others in the service fields.

Social service workers with Puerto Rican children in their programs should identify potential areas of conflict or misunderstanding and deal with them before needless friction occurs. We deal with Puerto Rican children in this particular article, but the problem of cultural difference becoming a barrier exists wherever the majority (white) community works with minorities: Indians, Chicanos, Japanese, Chinese, Filipinos, Gypsies, and blacks.

A social service worker who rejects information on another's culture and who fails to deal creatively with the consequences simply leaves himself or herself open to the charge of discrimination. The rejection of the client will not be a function of the lack of information but apparently a deliberate wish to continue to deal negatively with those who are "culturally different."

Mr. Wilson is a member of the Field Faculty of the Brooklyn College School of Contemporary Studies and an advisor to the National Center for the Improvement of Educational Systems, U.S. Office of Education.

is it better to Supervise or Administer welfare programs?

ARTHUR SPINDLER. Dramatic and unprecedented changes are affecting public welfare agencies at all levels of government. In a climate of turbulence, there is a pressing need for reevaluating respective State and local roles in adminstering welfare functions.

Fundamental causes for the changing welfare scene are these: sharply rising public assistance caseloads; pressures from welfare rights groups for more liberal payment levels; demands by State and local legislatures, supported by the general public, for reduced welfare budgets; tighter Federal control and supervision of State and local welfare programs (including regulations requiring separation of eligibility determination from social service functions); revenue-sharing proposals; and the move toward integrating human service programs.

The welfare picture in the United States today shows 21 of 54 public welfare programs (including Washington, D.C., Puerto Rico, Virgin Islands, and Guam) under county and city administration with State supervision. The remaining 33 programs are State-administered. On the basis of *caseload percentages*, however, administration of the country's welfare system is divided almost evenly between locally-administered programs and State-run programs.

In 1971, for example, the 21 *locally*-directed welfare programs bore responsibility for 49 percent of the Nation's combined caseload, broken down as follows: *Old Age Assistance*, 49 percent; *Aid to the Blind*, 51 percent; *Aid to the Permanently and Totally Disabled*, 56 percent; *Aid to Families with Dependent Children*, 53 percent; and *General Assistance*, 50 percent.

The contrasting welfare systems in Alabama and New Hampshire help to illustrate the operation of State vs. locally-run programs.

Alabama has a county-administered, State-supervised welfare system. Each of its 67 counties is responsible for the entire range of welfare programs within its boundaries.

Each county has a pensions and security board (previously known as a public welfare board) selected by county and city commissioners. The board appoints the county's pensions and security directors and controls welfare policies and programs consistent with State and Federal programs.

The county director administers the county Board of Pensions and Security. Subject to the State merit system, he appoints county welfare employees who are paid by the county.

At the State level, the Department of Pensions and Security operates in conjunction with the State Board headed by the Governor. The State Commissioner of Pensions and Security, appointed by the Board, directs the Department. Welfare employees whom he appoints serve within the merit system.

The State Board determines public welfare rules and regulations for the county agencies. The State Department of Pensions and Security functions as the designated single State agency for public assistance, child welfare, and social services programs.

Thus, the Department of Pensions and Security is the key agency in maintaining Federal/State relationships for these programs by establishing Statewide policies and standards. Organized into nine bureaus, this Department supervises and guides county agencies through its Field Services Bureau.

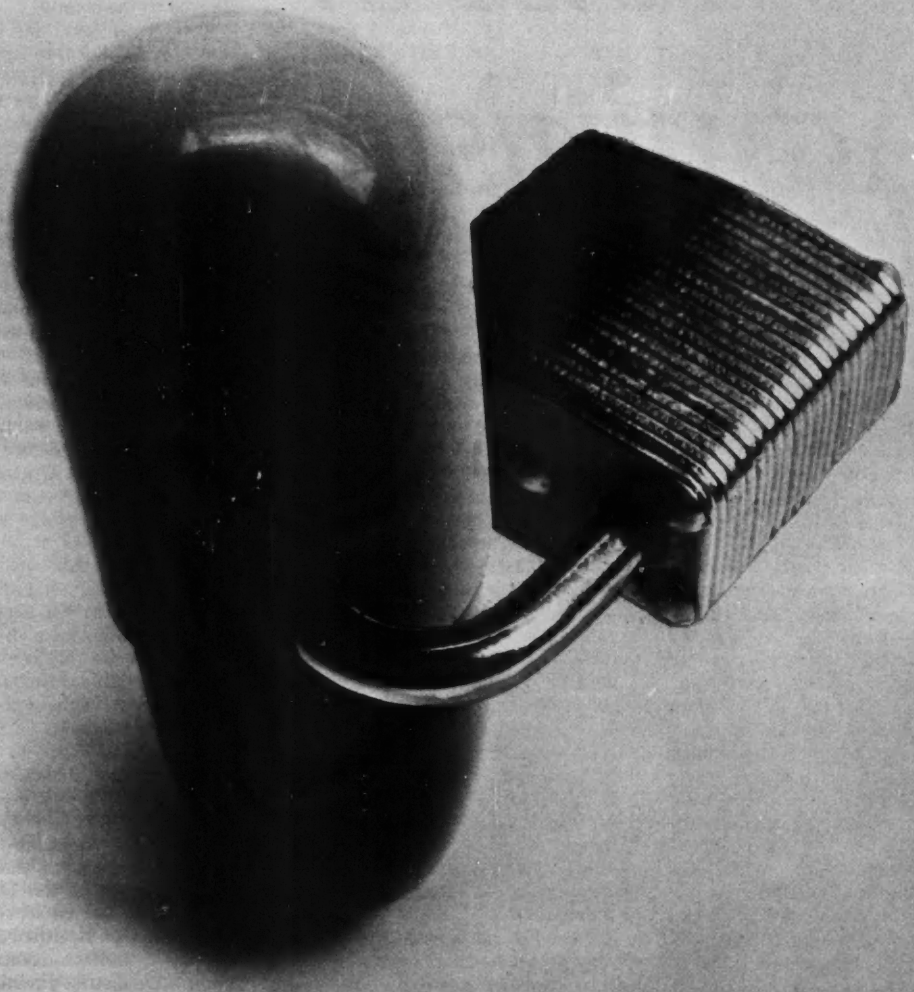
In contrast to Alabama, New Hampshire has a State-administered public welfare program. The State Division of Welfare, a subdivision of the Advisory Commission on Health and Welfare administers public assistance, child welfare, social services, and eligibility determination functions for the Medicaid program.

Eleven district offices of the Division of Welfare are the field arms of the Division. The district offices operate welfare programs throughout the State, each in an assigned geographic area.

The Director of the State Division, appointed by the Governor's Advisory Commission of Health and Welfare, is the public welfare administrator. He appoints the district director and all oth-

WHAT DO KETOBEMIDONE, ANILERIDINE, METHYLPHENIDATE, AND PENTAETYTHRITOL HAVE IN COMMON?

They are drugs that may be prescribed under Medicaid programs—and they are also drugs that fall under the jurisdiction of P.L. 91-513, the Controlled Substances Act. Pharmacists dispensing drugs under Title XIX (Medicaid) must keep accurate records on these controlled drugs For an up-to-date "Controlled Substances Inventory List," contact the closest Regional Office of the Bureau of Narcotics and Dangerous Drugs or write directly to BNDD, Department of Justice, Washington, D.C. 20537.



er State and district personnel subject to the State merit system.

Traditionally, State and Federal jurisdictions have exercised freedom of choice between the two forms of organization described above. Further, the public assistance provisions of the Social Security Act explicitly cite the contrasting styles of welfare administration.

A study by Federal welfare officials explaining State welfare organization lists five key elements distinguishing the State-administered approach from that of the locally-administered, State-supervised organization. These relate to the following: *location of the appointing authority for local personnel; local participation in meeting the costs of local administration; location of authority for making investigations of public assistance eligibility and maintaining contact with individual recipients; location of responsibility for eligibility decisions and amount of assistance payments;* and *place of preparation of assistance checks.*

Key factors determining a governor's or State legislature's decision in selecting one type of organization over the other probably would run the usual gamut of decision-making preferences prevailing in all State Capitols. Thus, political, geographic, social financial, administrative, and historic considerations would play a role. Detailed studies would be needed, however, to identify the patchwork of controlling influences underlying the selection.

Although no single influence would be decisive in determining welfare style, a predominant factor would be the degree of local government autonomy within the State. A high degree of autonomous city/county control of governmental affairs would present the most favorable conditions for a local takeover of welfare responsibilities. Certainly, under these conditions, the logic for a locally-administered program would prove strong.

Alternatively, preference in a State for centralization of governmental power would tend to include the public welfare program. In this situation, the choice for a State-administered program would be a natural one.

It cannot be said that the one type of organization is superior to the other from the standpoint of efficiency. This is due to the overriding influence of the Social Security Act and its implementation by the Department of Health, Education, and Welfare.

Under the Act, HEW holds the designated State assistance agency responsible and accountable for Statewide compliance with Federal regulations. Thus, State agencies are required to establish Federally-consistent welfare standards and policies. Accordingly, the agencies prescribe methods of administration by the issuance of rules and regulations, as for example, in both the Alabama and New Hampshire programs.

Federal regulations also require the State agency to monitor welfare programs to confirm that policies, rules, and regulations are carried out in all local jurisdictions. Further, the State must account for all public assistance expenditures, social services, administration, and training for which Federal matching funds are claimed. The State agency is also required to review all local decisions and to effect changes in local practices when they deviate from Federal/State requirements. Finally, the State must prepare and submit to HEW regular reports on the State's public assistance and services programs.

The preeminent role of the State agency is constant in all 54 welfare jurisdictions, whether the program is State-administered or locally-administered. This fact alone, however, need not determine a strong State agency with passive local control or a strong local program with weak State authority.

Some advantages of State-administered programs are these: Statewide consistency in philosophy and goals; uniformity of administration and application of laws, policies, and procedures; fixed and visible responsibility for State administration; promotion of enforcement of standards; facilitation of long-range, Statewide planning; and the ease of effecting change.

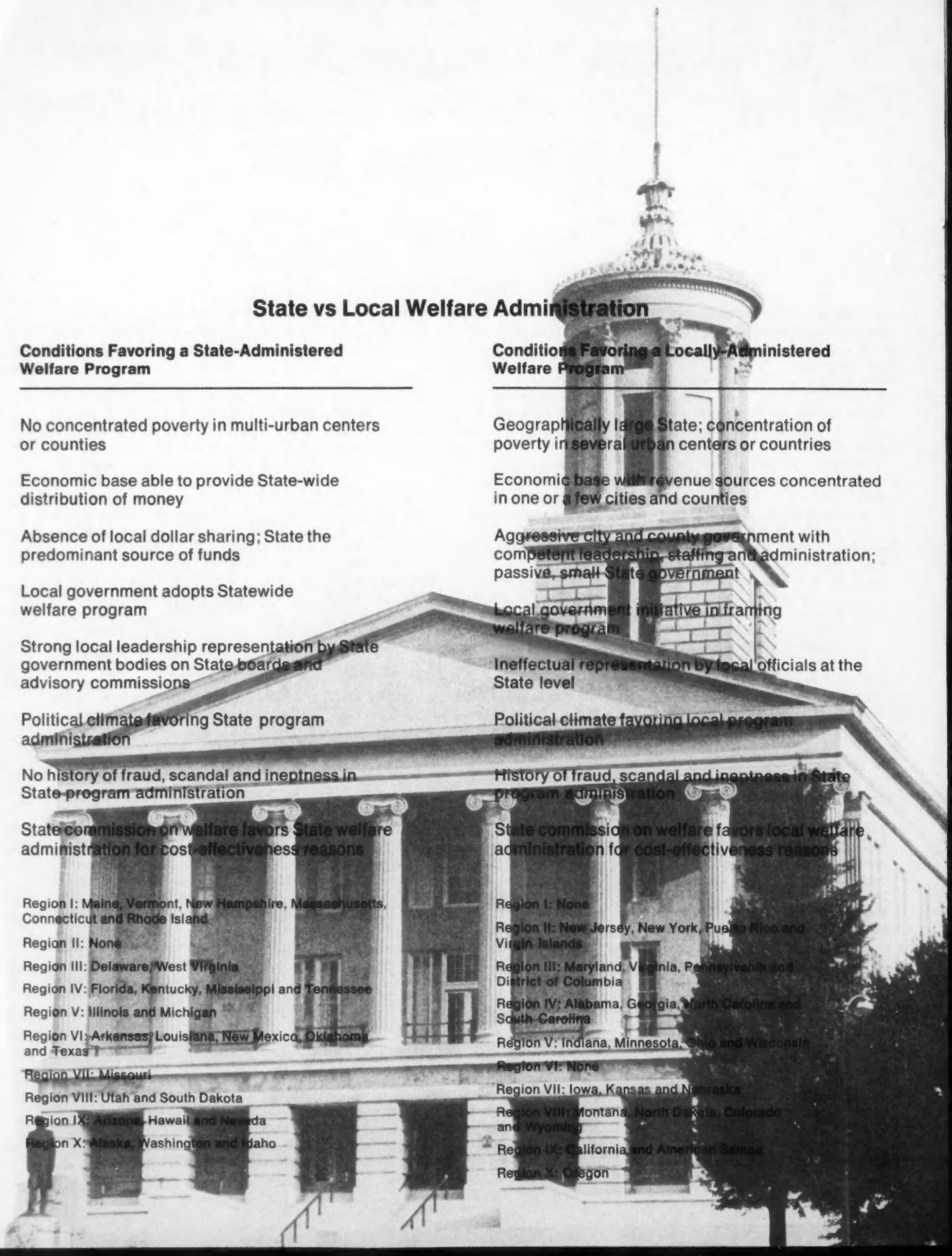
In the State-run, fiscal support is equitable and uniform on a Statewide basis, equalizing the fiscal burden. A general upgrading and uniformity of service programs in all parts of the State are facilitated and better coordination with other human service programs can be achieved. Recipients who move from one local jurisdiction to another within the State are better served under uniform rules and procedures.

For locally-administered programs, the advantages may be the following: promotion of direct local participation in local programs; facilitation of community planning to meet local conditions; and improved effectiveness of interagency cooperation and coordination at the community level.

Under the local program, residents have a better understanding of the needs for local services. Local funds in the program generate local interest. Conversely, direct local support and financing for public welfare is enhanced when local revenues are known to be applied locally. Local administration also encourages variety in experimentation and demonstration. County and city governments wish to retain control over their own programs. Local funding can act as a depressant on public welfare costs. Local taxes are geared to the covering of local costs.

Public discussion at State and local levels and professional study of the relative merits of the two systems should prove fruitful in designing a better public welfare system. Federal Government guidance and assistance more directly focused on the question of State versus local welfare administration could also provide a valuable overview to welfare officials studying the problem. **IN**

Mr. Spindler is a retired SRS management specialist who now teaches and consults in the social services field.



State vs Local Welfare Administration

Conditions Favoring a State-Administered Welfare Program

No concentrated poverty in multi-urban centers or counties

Economic base able to provide State-wide distribution of money

Absence of local dollar sharing; State the predominant source of funds

Local government adopts Statewide welfare program

Strong local leadership representation by State government bodies on State boards and advisory commissions

Political climate favoring State program administration

No history of fraud, scandal and ineptness in State program administration

State commission on welfare favors State welfare administration for cost-effectiveness reasons

Region I: Maine, Vermont, New Hampshire, Massachusetts, Connecticut and Rhode Island

Region II: None

Region III: Delaware, West Virginia

Region IV: Florida, Kentucky, Mississippi and Tennessee

Region V: Illinois and Michigan

Region VI: Arkansas, Louisiana, New Mexico, Oklahoma and Texas

Region VII: Missouri

Region VIII: Utah and South Dakota

Region IX: Arizona, Hawaii and Nevada

Region X: Alaska, Washington and Idaho

Conditions Favoring a Locally-Administered Welfare Program

Geographically large State; concentration of poverty in several urban centers or countries

Economic base with revenue sources concentrated in one or a few cities and counties

Aggressive city and county government with competent leadership, staffing and administration; passive, small State government

Local government initiative in framing welfare program

Ineffectual representation by local officials at the State level

Political climate favoring local program administration

History of fraud, scandal and ineptness in State program administration

State commission on welfare favors local welfare administration for cost-effectiveness reasons

Region I: None

Region II: New Jersey, New York, Puerto Rico and Virgin Islands

Region III: Maryland, Virginia, Pennsylvania and District of Columbia

Region IV: Alabama, Georgia, North Carolina and South Carolina

Region V: Indiana, Minnesota, Ohio and Wisconsin

Region VI: None

Region VII: Iowa, Kansas and Nebraska

Region VIII: Montana, North Dakota, Colorado and Wyoming

Region IX: California and American Samoa

Region X: Oregon

Region V Review

Leech Lake Indians get Youth Center

BARBARA REYNOLDS. SRS's National Minority Studies Project has funded a recreational and educational youth program at the Leech Lake Indian Reservation, Cass Lake, Minnesota.

Special demonstration grant funds totaling $43,720 will be used to convert an existing teen drop-in center at the Reservation to the new, program-oriented facility.

According to James R. White of the Region V office, the center, once operating, will be open to all youths on the reservation.

Leech Lake officials see the project as a constructive step in providing Indian youths at the reservation with facilities they have previously lacked.

Chicano group helps Ohio's migrant welfare

Thirteen Mexican-Americans have been hired by the Ohio Department of Public Welfare as an emergency work force to help Northwestern Ohio county welfare departments meet the heavy workload during the May-September harvest season.

The bilingual employees assist the six county welfare departments deal with special problems of migrant workers, such as interpretation of welfare services, eligibility requirements, and other regulations governing the operation of Ohio public assistance programs.

Overall purpose of the project, according to Mrs. Helen Cooper of the Region V office, is to provide jobs for Mexican-Americans, decrease the logjam that normally occurs because of the influx of seasonal migrant workers, and test the effectiveness of bilingual staff working as short-term personnel during increased workload situations.

Indiana project for aging is a joint venture

A comprehensive service project for the elderly in a five-county region in Southern Indiana is being organized by Region V with assistance from the Indian Aging Commission. Planning for the project started last summer. Further development and coordination will be undertaken by a core group. The group was organized at an exploratory meeting held last August in Vincennes, Indiana.

Participants at the meeting represented local counties, the Indiana State Commission of the Aging and Aged, and Region V SRS and OEO staff. Representing SRS were the RC, DSP, ARC for Aging, and other staff members in the Aging program.

The Indiana Aging Commission is in full support of the proposed project, according to Miss Elizabeth Scherer of the Region V office.

States move to test out service integration

Twenty demonstration projects have started up around the country, funded by HEW in what many observers in the social service field consider to be the most important development in three decades: coordination and integration of social and rehabilitative services at the local level.

The total cost of the 20 HEW projects will be $3,270,587, of which the Social and Rehabilitation Service will contribute $1,444,287; the Health Services and Mental Health Administration, $945,987; the Office of Education, $569,803; and Office of Child Development, $310,510.

In the background of the demonstration projects is knowledge that people who need to overcome dependency or avoid institutionalization frequently receive fragmented help rather than the range of coordinated services they require. The

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Ms. Reynolds is our correspondent for Region V.

Department has more than 200 separate health, education, and welfare programs, many of which operate through State and local governments. The Department is seeking to increase the coordinated delivery of these services at the local level.

In a special message to Congress last May, President Nixon said that "a compassionate government unwittingly created a bureaucratic jungle that baffles and short-changes many citizens in need."

The Secretary said that the Social and Rehabilitation Service has the major responsibility for the projects, serving as the lead agency for 17 of the 20. Typical of the demonstration projects are those in Connecticut, Louisiana, and Massachusetts.

The Hartford, Conn., project is budgeted at $225,000 of which SRS (the lead agency) will contribute $15,000; HSMHA, $50,000; and OCD, $25,000. The project will undertake the initial phases of development for a new social services system in Hartford. The system is called the Community Life Association and is established on a city-wide basis to organize and manage services delivered through Neighborhood Life Centers. The Centers will provide services from a variety of sources, with emphasis on welfare, social services, mental health, children, and youth.

The "Louisiana Plan for Strengthening and Simplifying the Development of Social Services" is budgeted at $50,000, with SRS (the lead agency) contributing $30,000; HSMHA, $15,000; and OE, $5,000. The project will be administered by the Governor's office. It will provide for the preparation of a plan to consolidate and coordinate the State's social services programs, particularly those concerning SRS, HSMHA, and OE.

The Brockton, Mass., project is budgeted at $94,455, with HSMHA (the lead agency) contributing $70,000 and SRS, $24,455. Under the project, a planning staff is developing an integrated services system for the Brockton Multi-Service Center. The facility was initiated as a mental health center, but it has been reoriented to provide health, welfare, and rehabilitation services.

These are the three Region V projects:

Coalition Planning-Integration Impact Research, Duluth, Minn. (SRS, $40,000.)

Institute for Urban Information System, University of Cincinnati. (SRS, $150,636; HSMHA, $85,000; and OE, $85,000—$320,636.)

Office of Program Development, State of Minnesota. (SRS, $50,000; HSMHA, $50,000; OE, $30,000; and OCD, $20,000—total, $150,000.)

Cost control system set by Chicago fund

The Chicago Community Fund is developing cost-benefit and cost-effectiveness systems for social services operations, according to Region V Commissioner Donald F. Simpson.

"The Fund is anxious to coordinate work in this field with the Regional Office as SRS moves toward the program goal of improved cost controls for social services. We are looking forward to reviewing the Fund's plan when it is developed," Simpson said.

Task force to develop Region's COPE program

The Federal Regional Council's Law Enforcement and Youth Executive Committee has selected the Comprehensive Offender Program Evaluation (COPE) as one of its work plan items. A task force has been appointed for its development. Ralph Church, Region V, has been designated as the DHEW representative for the project.

Objectives of COPE, according to Church, are to assist the six States in Region V to appraise their current resources, identify gaps in the present systems, and access some of the overriding interests of the States in rehabilitating the public offender.

"The Task Force will work with key State officials appointed by the Governor to assure that the resource appraisal accurately reflects current and anticipated program goals for offender rehabilitation within each State," Church said.

Church also said that nationally collated findings of this effort will likely result in a more cohesive program of rehabilitation for the adult or youthful offender.

The Regions are expected to play lead roles in attaining the COPE objectives.

Child-family health programs coordinated

Roger J. Meyer, Region V Medical Coordinator, is assisting all ten HEW regional offices coordinate regional health care resources for children and families.

Dr. Meyer describes the project as "a new program linked to the joint SRS-OCD health care agreement, which will hopefully improve the use and effectiveness of Social Security support for health care of the poor.

"This program represents six months of cooperative work by the Chicago SRS office and the American Academy of Pediatrics in developing standards and educational materials," Meyer says.

HEW to help Vietnam vets use GI Bill

Some 40,000 Vietnam veterans from disadvantaged, low-income, and minority backgrounds are getting help so that they

may take advantage of educational benefits under the current GI Bill.

HEW grants totaling $5 million will support 67 projects under the Special Veterans Talent Search/Upward Bound Program. Institutions or organizations in States with high concentrations of underemployed or unemployed veterans will conduct the projects. However, they may use the grants to provide only new or expanded services.

The program will benefit from the adding of an additional veterans-counselor position in each of the 10 HEW regional offices. These offices are responsible for monitoring the new projects and providing information to interested veterans, he said.

Program training sessions that can run from six weeks to three months will be geared to the needs of veterans who lack the equivalent of a high school diploma. At the end of a session, a participant who has not acquired the academic skills necessary to enter college or a vocational school may continue in the program for additional training.

Veterans are eligible for GI benefits during this preparation period, but the time spent in training will not be counted against their VA entitlement when they enroll in vocational or other higher-education programs.

The Talent Search Program seeks to identify and motivate financially or culturally deprived high school youths to finish school and undertake post-secondary education. Upward Bound provides remedial programs and counseling to encourage educationally deficient high school youth to enter college. Both have been in operation since 1965.

The Special Veterans Talent Search/Upward Bound Programs are funded under a supplemental appropriation for Title IV of the amended Higher Education Act of 1965.

Following is a listing of awards for this Region:

ILLINOIS—Central YMCA (Chicago), $155,000; Southern Illinois University for East St. Louis (Edwardsville), $95,000.

INDIANA—Board for Fundamental Education (Indianapolis), $30,000.

MINNESOTA—Metropolitan State Junior College (Minneapolis), $90,000.

MICHIGAN—Oakland Community College (Bloomfield Hills), $70,000; Wayne State University (Detroit), $100,000.

OHIO—Cuyahoga Community College (Cleveland), $100,000; Central State University (Wilberforce), $100,000; University of Cincinnati (Cincinnati), $100,000.

WISCONSIN—University of Wisconsin (Milwaukee), $80,000.

Minnesota will train Indian health students

The Minnesota Department of Public Welfare's Public Service Careers Plan B Project will train 22 entry and 20 upgraded American Indian enrollees in health service occupations.

Sixty-one percent of the enrollees will be trained and placed in State-licensed practical nursing positions, according to Edward Weyler of the Region V Office.

"Both the State office and the hospital facility serving Chippewa Indian psychogeriatric patients report a timing problem. Progress depends on coordination with local vocational school training schedules," Weyler said.

Minnesota to develop Cost Control

A new financing system for North Minneapolis will enable the State welfare agency and its local counterpart to continue providing services to residents of the area. Most of the area's residents are former, current, or potential welfare recipients.

The system follows an agreement among representatives of the Pilot City Regional Center in North Minneapolis, the State of Minnesota Welfare Department, and the Hennepin County Welfare Department.

The arrangement calls for financing through the purchase of services delivered by both the school system and Pilot City Center, according to Associate Regional Commissioner, Eli Lipschultz.

"The situation," Lipschultz said, "revolved around an agreement with the public school system to use the school's local tax dollar as the non-Federal match for all the services delivered by the school and the center."

Program for teenage parents

A nationwide Education for Parenthood program is underway with HEW funding. During the first phase of this program, materials will be directed toward 500,000 teenage boys and girls, instructing them on the finer points of parenthood.

The program will lead to the establishment of parenthood education programs in 500 local school districts by September 1973. Large-scale dissemination of program materials will follow during the 1973-74 school year.

The program will seek to improve the competence of young people as prospective parents by increasing their awareness of child growth and development; the social, emotional and health needs of children; and the role of parents in fostering a child's development.

The undertaking is designed to help the Department of Health, Education, and Welfare continue its emphasis on strengthening the family as the primary institution affecting a child's life.

Among the national statistics supporting the need for parenthood education programs for teenagers are these:

—Approximately 210,000 girls aged 17 and under gave birth in the U.S. last year.

—One of every 10 school-age girls is a

mother, and 16 percent of these young mothers have two children.

—The national divorce rate for those married in their teens is 3 to 4 times higher then that of any other age group.

A grant of $570,000 has gone to the Education Development Center, Cambridge, Mass., to develop a curriculum for parenthood education which combines both classroom instruction in child development and practical experience in working with younger children at day care and Head Start centers and kindergartens.

Curriculum materials will include films, audio-cassettes, student workbooks, and teaching manuals. This package will be field-tested during the current school year in five public schools and one center sponsored by a voluntary organization. The materials will be available for use by 200 additional public schools in the fall of 1973.

In addition, grants totaling approximately $500,000 will be awarded to about five national youth-serving voluntary organizations and their affiliates to promote Education for Parenthood programs among young people during 1973.

Exemplary curriculums and program materials are currently being identified, with plans to make them available to interested school districts and national organizations. Also being developed for publication is a catalog describing existing parenthood education programs and their locations.

Information concerning these materials is available from the HEW Regional Office or from the Offices of Education and of Child Development in Washington.

Group Set Up To Review Medicaid Drugs

Latest figures for Medicaid—1971 statistics—show that $473,000,000 was paid out for prescription drugs. These payments under Title XIX ranged from a high of $82,808,000 in California to a low of $9,000 for Guam.

Because of the size of this reimbursement program, HEW has set up an interagency committee to review the problems of providing and paying for prescription drugs under various private and public insurance plans.

"Our experience in paying drug costs under Medicare and Medicaid has revealed numerous problems including a potential for abuse," HEW Secretary Elliot L. Richardson said. "This committee will work to build greater public accountability into these programs, streamline administration of prescription drug benefits, and do so in a way that will be acceptable to both the consumer and the pharmacist."

Members of the committee will be drawn from HEW, the Department of Defense, Veterans Administration, Department of Justice, and the Office of Consumer Affairs.

Representatives of consumers, pharmacy and prepaid drug programs will be invited to assist the committee. Its work will be coordinated through the office of HEW Assistant Secretary for Health and Scientific Affairs, Dr. Merlin K. DuVal.

Secretary Richardson said the rapid increase in third party prepaid drug programs called for a comprehensive overview. "Many private health and welfare plans have already negotiated prescription insurance into their benefit packages," he said. "In addition, health programs in HEW, DoD, and the VA also cover the costs of prescription drugs for certain beneficiaries."

The Secretary said he wanted to identify possible areas of abuse and develop means to correct them before they became ingrained into the system.

Other areas to be studied by the committee include: the need for peer review systems to monitor the cost, quality, and availability of pharmaceutical services; data collection and processing systems for pharmacists; differing drug benefit regulations among public and private plans; and improved methods of reimbursement.

Medicare currently covers the cost of prescription drugs provided patients in hospitals and extended care facilities while Medicaid offers prescribed drug benefits either in nursing homes or as an outpatient benefit.

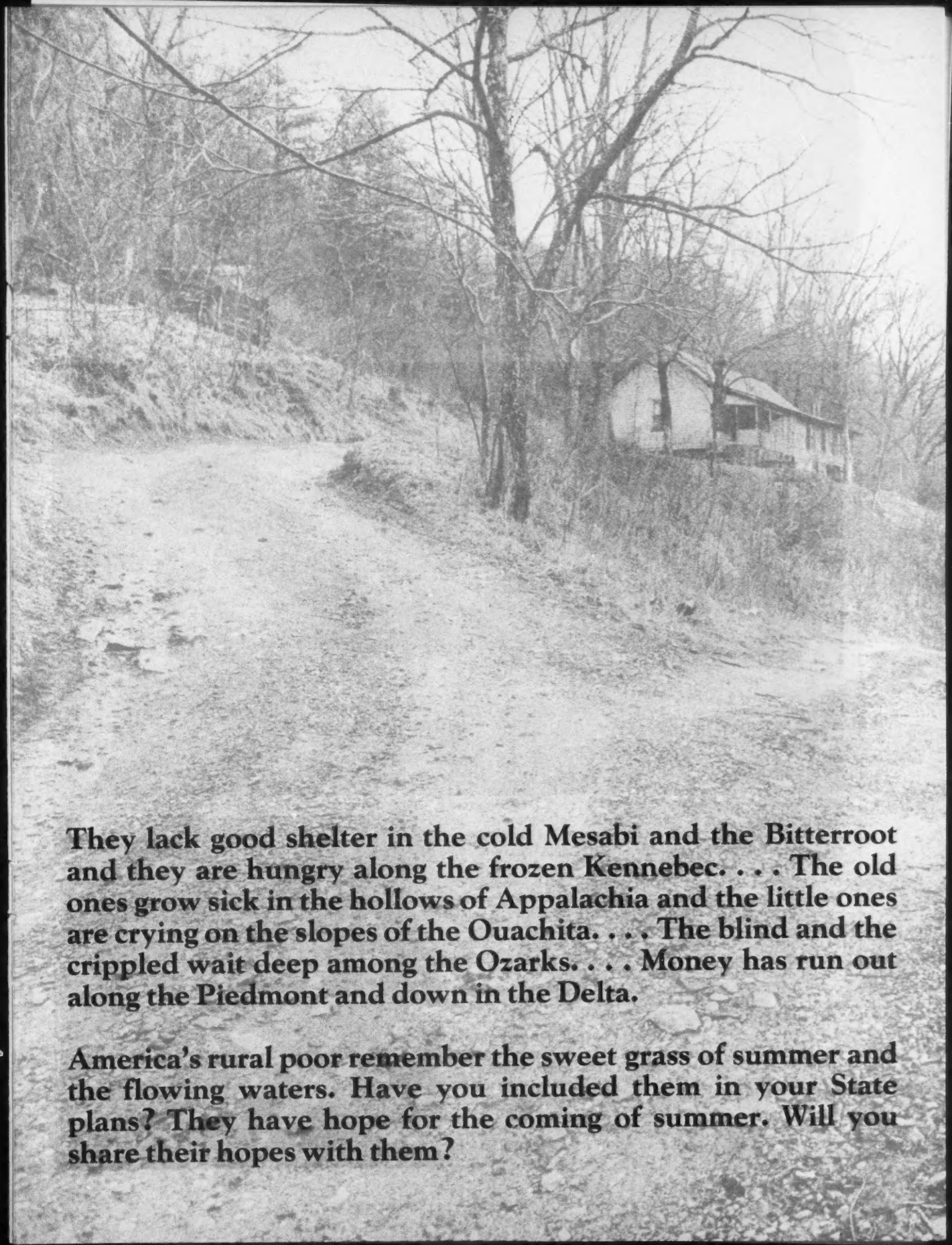
HEW's "Catalog of Assistance" Is Revised and Now Available

Two new HEW publications, one tracing the Department's historical growth, the other describing HEW-administered programs for grant applicants and organizations interested in HEW financial assistance, are now available.

A Common Thread of Service, describes HEW's development from the time of its predecessor organization, the Federal Security Agency, to the present. It includes tables and charts illustrating organizational changes, budgetary growth and the names and terms of office of high level agency officials over the years.

The 1972 *Catalog of Assistance* is designed mainly for people interested in information about grants and other HEW-administered financial assistance programs. The publication contains an exhaustive subject index enabling the reader to quickly locate the program he is interested in and related programs.

Single copies of each of these new publications are available from the Visitors-Information Center, HEW North Building, 330 Independence Avenue, S.W., Washington, D.C., 20201. Multiple copies should be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C., 20402. *A Common Thread of Service* sells for 65¢ a copy; and the 1972 *Catalog of HEW Assistance* for $2.00 a copy. IN



They lack good shelter in the cold Mesabi and the Bitterroot and they are hungry along the frozen Kennebec. . . . The old ones grow sick in the hollows of Appalachia and the little ones are crying on the slopes of the Ouachita. . . . The blind and the crippled wait deep among the Ozarks. . . . Money has run out along the Piedmont and down in the Delta.

America's rural poor remember the sweet grass of summer and the flowing waters. Have you included them in your State plans? They have hope for the coming of summer. Will you share their hopes with them?

A variety of urban organizations have pooled their resources to help youths contribute to the life of the community.

The South Bend Model for Youth Advocacy

BEVERLY WELSH. Opportunities for change emerge where institutions are responsive. In few areas of social service is this proposition being so vigorously tested as in the field of youth development.

Not only is the notion of change itself making inroads into the youth service field, but the kind of change is a further challenge to community institutions such as the courts, the police, and the schools.

The Youth Development and Delinquency Prevention Administration, SRS, has nearly two dozen pilot projects to test the flexibility of institutions serving youth.

One such project—Youth Advocacy—is staffed by "no one over thirty." It receives policy direction from the incorporated Youth Coalition of St. Joseph County, Indiana, an all-volunteer organization representing sixty youth groups. Youth Advocacy is in its second operational year as a three-year research and demonstration experiment.

The project was funded initially in mid-1971, with the Urban Coalition of St. Joseph County (Ind.), as the "broker" and administrator of the $250,000 grant. There was to be an ongoing evaluation at the cost of $37,500 a year, and a $50,000 investment in a Street Academy (matching a $50,000 allocation by the National Urban League).

Because of the prestige of the Urban Coalition—an organization of fifty-nine community leaders from labor, minorities, education, government, religion, and business—Youth Advocacy was recognized at Federal and regional levels as "having gained a headstart over other model projects."

At its formation in 1969, the local Coalition, with its broad and influential base of community leadership, organized five Task Forces to attack the problems confronting the community: Education, Employment, Racial Attitudes, Housing, and Youth.

Problems of youth, virtually no different here than in most communities, were of principal concern.

Focusing on how to address the youth problem, the Coalition invited a few known youth leaders, including "street gang barons," to represent all youth on the Youth Task Force.

Instinctively, youth knew that a few would not have the power of many. Assisted by a National Urban Coalition consultant and encouraged by the local Coalition President Frank E. Sullivan, the Youth Coalition representing many youth groups was organized. Its base of operations was at the local YMCA.

Tyrone Watford, the leader of one of South Bend's toughest street gangs, was elected President of the Youth Coalition, a position he still holds. His election raised some eyebrows. However, as one staff member of Youth Advocacy observed, "He already was a leader. All he needed was to be turned on and around—instead of turned off."

Using its task force as a direct line to institutional change, the Youth Coalition also proposed opening public schools for an All-City Summer Recreation Program. This had never been done in South Bend.

The senior Urban Coalition persuaded the South Bend Park and Recreation Departments and the Public Schools to approve the plan. During 1970, about 1,285 youths, age 10 to 21, used the school gymnasiums. Another 3,385 used the school swimming pools—even young persons who had swimming pools in their own backyards.

Police records showed that referrals to Juvenile Court declined overall in 1970 to 2,900 from 3,100 in 1969. Also due in part to the program was the fact that incidents of violence and vandalism were reduced.

Success of the trial summer of opening public schools to the public impressed the City of South Bend. Federal funding was applied for and received to repeat the program in 1971 and again in 1972. In 1971, overall referrals to Juvenile Court dropped further to 2,250.

That same summer in 1970, one of the street gangs affiliated with Youth Coalition presented a summer movie series. Films were provided free through the intervention of a senior Coalition member. They were shown in neighborhood centers, abandoned fire stations, churches, and stores.

Meanwhile, the Urban Coalition's President Sullivan (who now serves as Chairman of that organization's Board

of Directors) traveled to Washington to document the ingenuity of youth in testimony before the Congress.

In April, 1971, YDDPA officials approached Sullivan and his administrative assistant, Joseph Dickey, a youth-serving professional who had been loaned to the Urban Coalition by the YMCA. The Federal Government was interested in South Bend as a test community for a national strategy to prevent juvenile delinquency.

From the outset, the project had the technical assistance of the University of Notre Dame's Institute for Urban Studies, "an invaluable resource," according to Sullivan.

The South Bend superintendent of schools and the chief of police, both Coalition members, sat in on planning sessions, lending their support and encouragement to ideas proposed by youth.

Youth Advocacy also was assisted in making initial contacts with providers of services—established institutions and public and private agencies.

While the project plan that emerged has many facets, Youth Advocacy has two primary objectives: (1) to increase the capacity of local youth to advocate their interests in established institutions and (2) to develop an alternative to the delinquency and criminal justice systems now in existence.

Both of Youth Advocacy's objectives necessitate promoting change in established institutions, rather than setting parallel structures. This approach was determined by Youth Coalition members who developed the original proposal.

To begin with, youth listed those institutions they felt were not relating to the contemporary needs of youth, not only in South Bend, "but everywhere else"—government, public schools, recreation agencies, police departments, social welfare agencies, and Model Cities.

The question arose, "How can we best promote and eventually effect change?"

The answer was simple to youth: Station field service representatives in unresponding institutions to (1) establish communications between youth and the institutions and (2) bring institutions together to share resources and develop more effective programs.

They made one demand: Field service agents should be on the payroll of Youth Advocacy to avoid any influence that established institutions might gain over youth via the payroll.

As simple as their solution seemed to them, they had not reckoned on a communications hurdle before the institutions went along with the plan.

Each institution was visited and asked if it would be willing to have a field service agent in its office. Several institutions construed the requests as "being informed rather than being consulted." The abruptness stemmed from youthful over-reliance on the Urban Coalition's "clout."

This breakdown in communications—"a timely lesson for youth in the sensitiveness of their position," observed one Urban Coalition member—was resolved. Field service agents were subsequently appointed jointly by the Youth Coalition and the institution where each was to be stationed.

Field workers were recruited by the Youth Coalition for "unspecified" jobs. Each institution was provided several candidates to be interviewed. The names of candidates found acceptable were passed back to the Youth Coalition. Final selection was made by youth.

The joint-hiring technique legitimized the relationship between worker and service agency without prejudice to his or her ultimate responsibility to Youth Advocacy. At the same time, the worker became more acceptable to the provider agency—it had made its own choice.

Six months after Youth Advocacy had set up its offices in a rented building on the fringe of South Bend's Model Neighborhood, six field service agents were on the job as liaison between youth and city government, public schools, recreation department, family and child center, Model Cities, and police department. Each keeps abreast of plans and programs as they relate to youth.

Field service agents are also involved significantly in the development of a court diversion system by identifying and advocating ways in which the established institutions can help deflect nondangerous youth from the criminal justice system.

Besides the agent component, other components of the project are the following:

- Community Service Agents (youths with juvenile records) patrol school athletic events and are on outreach assignments in five OEO-funded Neighborhood Centers. They organize inner-city youth around socially acceptable and responsible activities.
- Counselling is one of the few direct services provided by Youth Advocacy. Qualified counsellors, serving youth through the referral system as well as serving "walk-ins," deal with problems of school adjustments, family, emotional crisis, pregnancy, social adjustments, employment, college, and marriage.

Changing individual attitudes is only half of the purpose of this counseling component, which the Urban Coalition President Sullivan believes is "one of the most valuable tools we have for effecting change."

The other half of this component is institutional change. Youth Advocacy has enlisted the cooperation of the Probation Department; Project STAR, an HEW-funded program in its final year of testing the correlation of poverty and retardation; and Planned Parenthood, a community-wide program operating with both private funds and grants from the Office of Economic Opportunity.

Several children referred to Project STAR (Services To Advance Rehabilitation) were tested, using other than standard tests for measuring intelligence quotients of children. The results showed the public schools that these children needed a change in their educational

programs. The programs were changed.

With Planned Parenthood, a Teen Clinic was set up. Para-professional counsellors were trained to staff the clinic by a Youth Advocacy counsellor, who since has been named Director of South Bend's Youth Services Bureau.

■ Whitney M. Young Street Academy, sponsored jointly by Youth Advocacy and the Urban League, serves school dropouts aged 16 to 23.

First-year enrollment, recruited from a list of 600 dropouts, averaged around 60 students a day. Students enter anytime. The Academy's education program is both traditional and nontraditional, in a pattern set by the National Urban League's pioneer project in New York.

Three of the first-year students earned the necessary credits to go on to college, under arrangements worked out between the Academy director and Indiana University at South Bend.

At the beginning of the second year (last September), 100 students were enrolled. By January 1, 1973, a minimum of 300 will be enrolled. The Academy was awarded Federal funds in excess of $600,000 to conduct a two-year experimental school. The goal was to eventually incorporate the Academy concept of "learning, as opposed to being taught," into the public school system.

■ Legal Department, staffed by one full-time attorney and several legal interns (third-year law students from Notre Dame) serve youth through key negotiations and test cases.

■ A Technical Assistance Department is staffed by one full-time coordinator and supported by a committee of volunteer professionals. It serves as an instant source of credible information for use by the entire staff and provides specific liaison with the Probation Department and the Juvenile Court.

■ An ongoing evaluation has been contracted to Notre Dame's Institute for Urban Studies. Heading the team of evaluators is Dr. Thomas Broden. Institute Director.

Dr. Broden, who has offices in the Youth Advocacy Center, feels that, while there has been some—but "no major"—drop in delinquency, the ultimate goal of the project is to "establish its identity as an advocate of youth.

The key strength of Youth Advocacy, Dr. Broden maintains, "is its involvement of youth in a genuinely independent role, working with institutions in the community to make them more responsive to the needs and interests of all youth."

His assessment was confirmed in a case study of the South Bend project conducted by an outside consulting firm: "This outstationing of field workers is one of the most important linkages developed in the project."

At the end of the first year of operation, Youth Advocacy was able to look back on having made some progress toward the goals of informing institutions of youth needs and, by advocacy, making institutions more responsive to youth:

— a statement of student rights;
— a Christmas employment program;
— a Legal Education Program;
— Model Cities supplemental funding;
— a Youth Advisory Board in the Model Neighborhood;
— election of youth representatives to the Model Neighborhood Planning Agency.
— a follow-up system for children released from the Family and Child Center;
— close cooperation with the Juvenile Court and the Juvenile Probation Department;
— a program for rehabilitation and socialization of "first-offender" juveniles (age 15 to 17) and their families;

As Youth Advocacy began its second operational year with $250,000 from YDDPA, local institutions began to perceive the constructive potentials of this project.

Fundamentally, says Dr. Broden, the South Bend project is one of self-help—"youth helping youth to solve their own problems." Application of the American principle, in an area where it has not been applied before, makes Youth Advocacy unique. IN

Ms. Welsh is a Staff Writer for the South Bend, Indiana, *Tribune*.

Glossary of terms in the Social Services

JUDITH HEANEY. The physical sciences have always seemed able to function with a fairly exact "language." Terms are well defined—even precisely defined—and certain immutable laws are carefully formulated to describe relationships within the physical world.

Not so in the social sciences. Our materials are less precise; hence, our vocabulary lacks crispness of definition. But we are dealing, after all, with relationships among the most complicated of the earth's bounty: Man.

The tendency is to follow confusion with exasperation. We should reverse this tendency, if at all possible; otherwise all vestige of our studies as "science" will be lost. This glossary was produced as a first answer to confusion, an attempt to begin bringing some order into a rather chaotic arena of study and action. The glossary is a "first generation" product, to be periodically revised, stretched, and refined, as social scientists begin dealing with it and using it.

The following glossary can be used as a point of reference for discussions among Federal, State, and local personnel in social service planning and evaluation. The definitions are not "official" or final. On the contrary, we would hope that readers would submit comments and suggestions to help us move more directly into the "second generation" this winter.

Advocacy—The act or process of intercession with those who have power (officials landlords, merchants, etc.) on behalf of individuals or groups to effect positive changes on their behalf, including the provision and enforcement of rights.

Advocate Role—Interceding for or pleading the cause of another, by word or action or both, in any circumstance of need (not restricted to court).

Areawide—A planning concept utilizing a specific territorial base, usually larger than a single city or county but smaller than a State, in order to gain the advantages of regionalization (for example, economies of scale and full utilization of local resources) and permit focusing on national problems in the delivery of various kinds of services.

Benefit/Cost Ratio—A program efficiency indicator produced by computing the ratio of monetary and non-monetary value of benefits to the costs (monetary and otherwise) of providing such benefits.

Casework—a process used primarily by social workers in human welfare agencies to help individuals or families cope more effectively with their problems in social functioning; each individual or family is considered a case.

Catchment Area—A geographic portion of a State which has been delineated or defined for the purposes of planning for and delivering mental health services.

Child Care Services—Care of a child for a portion of the day, but less than 24 hours, in his own home by a responsible person or outside his home in a family day care home, group day care home, or day care center.

Child Development Services—Services which afford the child opportunity and encouragement to explore his environment, develop his intellectual and social skills, and achieve a positive self-image, including all services known to contribute to physical and mental development and to be conducive to improving the quality of life.

Chore Services—Services not requiring a trained homemaker or other specialist (*e.g.*, household and garden maintenance, shopping assistance, and errand-running).

Client-Worker Contract—A formal agreement between a client and an agency representative for the delivery of service based on a mutual assessment of his needs and a mutually understood and agreed-upon plan.

Comprehensive Services—The provision of a variety of services so as to meet the multiple needs of a given individual to help him overcome his problems and attain his goals.

Consumer Involvement—The participation of the recipients of services in planning, operating, and/or evaluating the programs from which they benefit; may include the concept of consumer protection as well as the giving of information to the consumer.

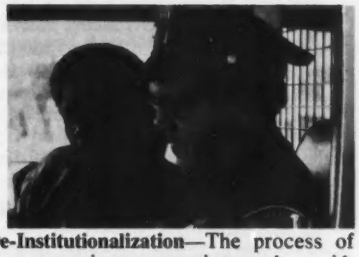
Coordinated or Consolidated Service System—Used synonomously with "service integration" (defined below).

Coordinated Referral System—A coordinated process between two or more agencies in which the same client data forms, applications, and procedures are used by specially designated staff to refer clients for appropriate services.

Day Care Center—Any place other than an occupied residence which receives children for care for less than 24 hours

a day, or an occupied residence caring for 13 or more children on a less-than-24-hour basis.

Delinquency Prevention—Helping children and youth who are negatively affected by one or more of the basic elements of their environment so that their behavior does not become anti-social or delinquent or does not continue to be anti-social or delinquent. Operationally, diverting juvenile minor offenders to community assistance and/or treatment resources outside the juvenile justice system.



De-Institutionalization—The process of encouraging, supporting, and providing alternative methods of care, treatment, and protection, including community and home-based care, to those in institutions who are capable or potentially capable of greater self-care.

Developmentally Disabled—Those whose disability originated at birth or during the developmental years (before 18); has continued or can be expected to continue indefinitely; is due to mental retardation, epilepsy, cerebral palsy, or certain other neurological disorders; and constitutes a substantial handicap.

Disabled Welfare Population—Persons with physical or mental handicaps, constituting substantial barriers to employment, who are recipients of payments, under any of the following programs: OAA (Old Age Assistance), AB (Aid to the Blind), APTD (Aid to the Permanently and Totally Disabled), AFDC (Aid to Families with Dependent Children), or GA (General Assistance).

Discretionary or Project Grants—A grant in which the amount of the award and the decision to make the award are not specified by law and therefore are within the administrative discretion of the awarding (Federal) agency.

Distinct Part (Medicaid)—The designation of a section of an institution as a separate area in which a level of care different from that of the rest of the facility is provided.

Employable—Having the marketable skills which enable one to work at appropriate tasks (without being overwhelmed by barriers to accepting employment) on any of the following levels: competitive, limited or selective, sheltered, or homemaker.

Family Day Care—The regular care of children other than the provider's own family or close relatives in an occupied residence for less than 24 hours a day. (Refers to 6 or less children; 7-12 children constitute group day care.)

Federal Medical Assistance Percentage—The rate of Federal financial participation in a State's expenditures in the form of vendor payments for medical care.

Foster Care Services—Placement of children in a foster family home or appropriate group care facility while counseling the parent or other responsible relative to improve home conditions. Also, the placement of adults in appropriate settings to assure proper care.

Functional Job Analysis—A process which identifies the component tasks in job classification and guides the ranking of such tasks by degree of difficulty so that jobs may be restructured for greater efficiency.

General Assistance—Maintenance or medical assistance provided under State laws and financed from State and/or local funds with no Federal financial participation.

Habilitation—A service in the process of rehabilitation where the client requires supervised living and/or where sheltered work may be his highest level of functioning in the community; also refers to a rehabilitated closure where the client had never been previously employed.

Hard Services—Once used to distinguish tangible services, such as transportation and child care, as opposed to casework or other "soft services."

Health Maintenance Organization—Any organizational structure which combines financing and health service delivery on an annual, prepaid basis; the group practice provider's objective is preventive health care.

Health Services—In Medicaid, care and services which include diagnosis, screening, prevention, rehabilitation, health care, and treatment, whether furnished in the patient's home, doctor's office, skilled nursing home, or hospital.

Hold Harmless—A descriptor for a proposal which would guarantee that a State's cash outlay for benefits will not exceed its cash expenditures for such benefits in a designated year.

Homemaker Services—Assistance by a trained and supervised homemaker to individuals in their own homes to help them achieve optimum household and family management and to provide prenatal care.

Housing Improvement Services—Assist-

ing families and individuals to improve landlord-tenant relations, to identify and correct substandard housing conditions or code violations, to obtain or retain ownership of own home, or to relocate to more suitable housing.

Human Services—Those services provided to individuals or families in need which help them achieve, maintain, or support the highest level of personal independence and economic self-sufficiency, including health, education, manpower, social, vocational rehabilitation, food and nutrition, and housing services.

Inaccessible Care—A descriptive term referring to services in the community which are not available to a particular population because of location, distance, hours the agency is open, agency policies, or other operating limitations.

In-Home Child Care—Less than 24-hour care of children by persons other than their parents in the children's own home.

Institution—A single or multiple-unit facility which furnishes some treatment or services beyond simply food and shelter to 12 or more persons.

Isolation—The physical or psychological separation of an individual or group from normal social and environmental contacts.

Local General Purpose Government—A political subdivision, *i.e.*, city, township or county, which has been delegated through legal authority the right to collect revenue, enforce laws and regulations, and/or provide services within its jurisdiction.

Long-Term Training—Training within a time frame of from one to several years necessary for meeting academic degree-program requirements.

Major Congregate Site—A geographic location within a project area having major concentrations of older persons eligible for a program.

Manpower Development—The totality of programs and activities within an organization which promotes and supports the career development of employees; includes in-service training, on-the-job training, stipend programs, etc.

Medically Needy—Those eligible, in some States, for medical assistance because their income and resources are insufficient to meet the costs of medical care but are greater than State standards for maintenance assistance.

National Task Bank—A national index of each task done by State and local agency workers, with their level of difficulty, performance standards, training content, etc. so that functional job analysis may be done and skills matched to jobs more efficiently.

Notch Problem—A sudden loss of all Federal assistance benefits when income passes a certain point; specifically, public assistance, Medicaid, and VR benefits.

Notwithstanding Clause—A proposal in welfare reform that no State be required to provide Medicaid coverage to any family or individual who would not have been eligible under the Medical Assistance Standard of January 1, 1971.

Output Measure—A tool in analyzing the performance of a program or project which can measure the results of effort, efficiency, effectiveness, and/or impact.

Opportunity Cost—The cost of foregone opportunities as a result of the rejection of the next best alternative use of resources; or simply the cost or loss of alternative benefits because one program was undertaken instead of another.

Planned Variation Cities—Selected Model Cities being given additional funding by HUD to test what citywide planning and service integration can accomplish by using a revenue-sharing approach within existing legislation.

Preventive Services—Assisting individuals or families to avoid a potential problem or satisfy a potential need, *i.e.*, keep something undesirable from happening, or keep the problem or condition from worsening or from becoming chronic; in the field of medicine, all services aimed at promoting health, preventing disease and disability, and prolonging life.

Protective Services—Children: responding to, and substantiating evidence of, neglect, abuse, or exploitation; helping parents to provide acceptable care; or bringing the situation to the attention of appropriate legal authorities. Adults: arranging for medical services, commitment, or other placement for treatment or care, and generally assisting people to move from situations which are or may become hazardous to their health and well-being.

Rehabilitated Closure—An eligible individual who has received diagnostic and counseling services, completed planned vocational rehabilitation, and has been suitably employed for at least 30 days.

Risk Population—A sub-set of the total population which is vulnerable to experiencing various social problems and incurring certain barriers which would prevent them from realizing their full potential.

Self-Care—A level of functioning in which the individual has no income from employment and may be economically dependent on public assistance and/or other income sources, but is able to manage daily life without benefit of public social services.

Self-Support—A level of functioning in which the individual is employed or retired, no longer dependent on public income maintenance, and able to manage daily life without the benefit of public social services.

Service Area—A geographic portion of a State which has been delineated or defined for the purpose of planning for a designated social service program.

Service Integration—A method of organizing service delivery so that two or more programs which have mutually compatible objectives, service elements, or client groups are operationally linked by a common information system, intake, outreach, referral support, and follow-up as well as some combined services in an attempt to treat an individual's or family's needs in a coordinated and comprehensive manner.

Services Broker—A person who actively assists individuals to find and receive needed services by arranging for or buying them.

Short-Term Training—Training within a limited time frame, generally a few days, but in any case less than a year, as opposed to the time frame of an academic degree program.

Simplified Method—An organized method by which the public welfare agency accepts the statements of the applicant for, or recipient of, assistance concerning facts within his knowledge and competence as a basis for decisions regarding his eligibility and extent of entitlement.

Social Services—Non-cash resources rendered to individuals or families under public auspices which help people solve their problems and eliminate the obstacles to improving the condition of their lives.

Social Work—The profession whose training and focus is concerned with the prevention of social problems, the elimination of handicaps to social and personal well-being, the provision of help to those in need, and the strengthening and improvement of such services and resources.

Spend-Down—In Medicaid, in States which include the medically needy, the dollar amount that the individual or family must spend on medical care before their income (minus medical expenses) falls below medical assistance standards.

Target Population—A sub-set of the risk population which is encountering the social problems and barriers which only threaten the risk population.

Targets of Opportunity—Geographic sites for projects which have been identified by HEW Regional Directors as having potential for demonstrating the feasibility of service integration.

Technical Assistance—The process by which help of a non-monetary nature is provided to Regional, State, and local governments or private agencies to aid in the resolution of mutually defined problems and program needs.

Total Population—Those individuals and families within a prescribed service area who share certain characteristics common to the risk population.

Umbrella Agency—A State or local agency responsible for the administration and coordination of a number of individual service programs which interrelate to achieve common goals.

Universal Services—Those which are not limited to specific groups but are available to all persons, although they may include fees for those able to pay.

Youth Development—Ensuring that society and its institutions provide young people with personally gratifying, decisive, responsible, and socially acceptable roles and assisting young people in assuming such roles.

Youth Service Bureau—A local agency (city, county, or city-county), usually under public auspices, which concentrates on mitigating youth problems through the provision of direct helping services for problem youth and/or referral to other appropriate resources for adjustment follow-up after problem assessment.

Youth Service System—A coordinating and integrating mechanism, providing comprehensive and effective delivery of services to all youth in the community directly or through contractual

agreements jointly planned and funded by local, State, and Federal agencies; including the active involvement of youth, parents, and representatives of the community in all phases of operation, with flexibility of services to ensure responsiveness to current youth needs and thorough evaluative follow-up.

Ms. Heaney is a program analyst on the program planning and evaluation staff at SRS.

CAREER OPPORTUNITIES

Social Work Supervision

CHIEF (3): BUREAU OF LICENSING & STANDARDS; BUREAU OF CONSUMER SERVICES; BUREAU OF COMMUNITY SERVICES. Bachelor's degree and 9 years of experience (5 in supervision), or 12 years (5 in supervision), or equivalent combination of training and experience. $15,180. Write: Dept. of Pub. Welfare, Div. of Emp. Mgt. Rel., 408 E. Town St., Columbus, Ohio. 43215.

LOCAL WELFARE DIRECTOR II. MSW and 1 year of experience in social work. Additional experience may substitute for MSW on a year for year basis. $9,470—$15,315. Write: Merit System Supervisor, 300 State Finance Bldg., Richmond, Va. 23219.

FIELD CONSULTANT, CHILD AND FAMILY SERVICES. Professional supervisory and consultation work in public welfare. Master's degree and 5 years of experience or a Bachelor's degree and 8 years of experience. $10,975—$13,596. Write: Dept. of Personnel, State House Annex, Concord, N.H. 03301.

SUPERVISOR, ASSISTANCE PAYMENTS. Master's degree in social science and 3 years of experience or a Bachelor's degree and 6 years of experience. $9,531—$11,639. Write: Dept. of Personnel, State House Annex, Concord, N.H. 03301.

ASST. CHIEF, MEDICAL SOCIAL SERVICE. Master's degree in social work or a related field with 3 years of experience in social work or 1 year in medical social work or medical care administration. $10,495—$13,022. Write: Dept. of Personnel, State House Annex, Concord, N.H. 03301.

ASST. SUPERVISOR, ASSISTANCE PAYMENTS. Administer money payment programs, assist in training and supervision of case technicians. Master's degree and 2 years of experience or Bachelor's degree and 5 years of experience. $8,773—$10,863. Write: Dept. of Personnel, State House Annex, Concord, N.H. 03301.

QUALITY CONTROL REVIEWER. To evaluate case records to determine compliance with existing policies and identify defective case activities. Bachelor's degree and 3 years of experience. $8,414—$10,390. Write: Dept. of Personnel, State House Annex, Concord, N.H. 03301.

SPEECH PATHOLOGIST. Direct and cordinate speech pathology, language development, teaching and research program. Ph.D. Salary open and competitive. Write: Director, Meyer Children's Rehabilitation Institute, (U. of Neb.), 444 So. 44th St., Omaha, Neb. 68131.

Medical Services

PHARMACIST II. Degree in pharmacy, licensed to practice in Florida, and 2 years of experience. $929—$1,290. Write: Dept. of Admin. Div. of Pers'l. and Retirement, Carlton Bldg., Tallahassee, Fla. 32304.

NURSING DIRECTOR I. RN and 5 years of professional experience at supervisory or administrative level. $810—$1,122. Write: Dept. of Admin., Div. of Pers'l. and Retirement, Carlton Bldg, Tallahassee, Fla. 32304.

PHYSICAL THERAPIST (FIELD). Graduation from an approved school of physical therapy and licensed to practice in Va. $8,400—$10,992. Write: Merit System Supervisor, 300 State Finance Bldg., Richmond, Va. 23219.

Casework

CASEWORKER (PROTECTIVE SERVICES INTAKE). Intensive treatment of parents and children, MSW. No experience. $793. Write: Dir., Outagamie Co. Dept. of Soc. Svc., Court House Annex, Appleton, Wis. 54991.

SOCIAL WORKER, MSW or related field (not rehabilitation counseling). $11,046 (GS-9). Write: Dir., Alcohol & Drug Off. Hq., Ft. Hamilton, Brooklyn, N.Y. 11252.

SOCIAL WORKER II. To work as Probation and Parole Agent or as Counselor in Correctional Institution, MSW. $878—$973 Start. Write: Supervisor of Recruitment, Div. of Corrections, Box 669, Madison, Wis. 53701.

MEDICAL SOCIAL WORKER—B. Master's degree and 2 years of experience. $9,168—$12,000. Write: Merit System Supervisor, 300 State Finance Bldg., Richmond, Va. 23219.

MEDICAL SOCIAL WORKER C. Master's degree and 3 years of experience. $10,032—$12,528. Write: Merit System Supervisor, 300 State Finance Bldg., Richmond, Va. 23219.

CASEWORKER I. Bachelor's degree and knowledge of principles and techniques of social case work. $508—$719. Write: Merit System Council, 1910 W. 7th St., Little Rock, Ark. 72202.

PUBLIC HEALTH SOCIAL WORKER. MSW and 2 years of experience including supervised social case work and clinical experience. Driver's license necessary. $11,929—$12,412 (Upstate) $12,129—$12,612 (Metropolitan Area). Write: Director, Public Health Social Work, New York State Dept. of Health, 845 Central Ave., Albany, N.Y. 12206.

CASEWORKER II. Bachelor's degree in sociology or related field. 1 year of graduate study toward MSW or 1 year of experience in social work. $549—$779. Write: Merit System Council, 1910 W. 7th St., Little Rock, Ark. 72202.

SOCIAL WORKER II. Bachelor's degree and 1 year of experience. $9,023—$10,663. Write: Dept. of Civil Svc., Arnold Constable Bldg., Front & Montgomery Sts., Trenton, N.J. 08625.

SOCIAL WORKER. Bachelor's degree and 3 years of experience. 3 years as County Director (as certified by Commr. of Public Welfare) may be substituted for college. $593—$842. Write: Merit System Council, 1910 W. 7th St., Little Rock, Ark. 72202.

SOCIAL SERVICE WORKER IV. Master's degree. $8,712—$11,016. Write: County Director II, Benson County Welfare Board, Minnewaukan, N. Dak. 58351.

SOCIAL WORKER. To direct an Alcoholic Treatment Addiction Center, MSW. $10,600. Write: Employment Manager, Kings County Hospital Center, 451 Clarkson Ave., Bldg. D, Brooklyn, N.Y. 11203.

MEDICAL SOCIAL WORKER—A Master's degree. $8,040—$8,784. Write: Merit System Supervisor, 300 State Finance Bldg., Richmond, Va. 23219.

SOCIAL WORKER I. Master's degree. $9,408—$11,712. Write: State Personnel Commission, P.O. Box 6756, Phoenix, Ariz. 85005.

SOCIAL WORKER II. Master's degree plus 2 years of experience. $11,004—$13,680. Write: State Personnel Commission, P.O. Box 6756, Phoenix, Ariz. 85005.

SOCIAL WORKER III. Master's degree and 2 years of experience in supervision. $11,916—$14,832.

Write: State Personnel Commission, P.O. Box 6756, Phoenix, Ariz. 85005.

SOCIAL SERVICE WORKER III. Bachelor's degree and 3 years of experience or 1 year of graduate work and 1 year of experience. $8,748—$10,656. Write: State Personnel Commission, P.O. Box 6756, Phoenix, Ariz. 85005.

COUNSELOR, INTENSIVE TREATMENT UNIT. Master's degree; no experience required. $10,020. Write: Director, Outagamie County Dept. of Social Services, Court House Annex, Appleton, Wisc. 54911.

Children and Youth

NURSE. Direct and coordinate teaching and research program in nursing for children with handicaps. Master's degree, prefer doctorate, with background in public health or programs for children. Salary open and competitive. Write: Director, Meyer Children's Rehabilitation Institute (U. of Neb.), 444 So. 44th St., Omaha, Neb. 68131.

COORDINATOR FOR CONTINUING EDUCATION AND IN-SERVICE TRAINING. To provide the major staff resource for the Institute's in-service training and education programs, including technical assistance to community services. Master's degree and experience in developing continuing education programs. Salary dependent upon training and experience. Write: Director, Meyer Children's Rehabilitation Institute (U. of Neb.), 444 So. 44th St., Omaha, Neb. 68131.

DIRECTOR SOCIAL WORK TRAINING. Direct and coordinate teaching and research programs in social work for children with handicaps. Ph.D. or D.S.W. with interest in developmental disabilities and experience in community organization. Salary open. Write: Director, Meyer Children's Rehabilitation Institute (U. of Neb.), 444 So. 44th St., Omaha, Neb. 68131.

DIRECTOR, PHYSICAL THERAPY PROGRAM. Master's degree with certification in neurodevelopmental (Bobath) treatment, experience in children's programs. $12,000—$13,000. Write: Director, Meyer Children's Rehabilitation Institute (U. of Neb.), 444 So. 44th St., Omaha, Neb. 68131.

Faculty Appointments

PROGRAM SPECIALIST, REHABILITATION OPERATIONS MANAGEMENT OR PRODUCTION. Plan, organize, and teach in training seminars for rehab personnel; may teach 1 undergraduate class. Some travel. Master's degree in Rehab. Management, Ind. Ed. or Ind. Engineering and 5 years of experience. Salary according to qualifications. Write: Project Dir., Region III Training Program for Facility Pers., Jull Hall, U. of Maryland, College Park, Md. 20742.

SPEECH PATHOLOGIST. Direct and coordinate speech pathology, language development, teaching and research program. Ph.D. Salary open and competitive. Write: Director, Meyer Children's Rehabilitation Institute, (U. of Neb.), 444 So. 44th St., Omaha, Neb. 68131.

PROJECT DIRECTOR. To coordinate health manpower study, conduct surveys and collect data. Master's or Ph.D. preferred but not essential; familiarity with survey methods, health manpower data sources $15,000. some room for negotiation. Write: Director, Health Systems Res. Div., Box 210, Med. Sci. Bldg., U. of Florida, Gainesville, Fla. 32601.

ASSISTANT DIRECTOR. To develop and implement projects, do research, direct graduate students, and teach as required in health systems. Ph.D. in operations research, engineering, business admin., or behavioral science with quantitative emphasis. Some experience in health systems analysis desirable. $18,000. Write: Dir., Health Systems Res. Div., Box 210, Med. Sci. Bldg., U. of Florida, Gainesville, Fla. 32601.

CORRECTIONS INSTRUCTOR. To teach undergraduate and graduate classes in corrections, probation and parole. Doctorate degree and 3 years of experience in a correctional agency. Salary is negotiable, depending on experience. Write: Director, Corrections Program, Chicago State U., 500 North Pulaski Rd. Chicago, Ill. 60624.

CORRECTION PROGRAM FIELD COORDINATOR. Master's degree with specific training in corrections or related field and 3 years of experience in prevention, probation, prison or parole (either juvenile or adult). $14,000. Write: Associate Professor, School of Social Work, Western Michigan University, Kalamazoo, Mich. 49001.

ASSOC. PROJECT DIRECTOR. For rehabilitation programs. Doctoral degree in rehab. admin. or closely related field and broad experience in rehabilitation. Salary dependent on qualifications. Write: Project Dir., Region III Training Program for Facility Pers., Jull Hall, U. of Maryland, College Park, Md. 20742.

Rehabilitation

REHABILITATION COUNSELOR. In facility setting, primarily for mentally retarded. Master's degree preferred in rehab. counseling or related field, or bachelor's degree. Experience helpful but not required. $8,000 (B.A.); $9,200 (M.A.).Write: Sup'r, N. Cent. Rehab. Ctr., 746 14th Av. N., Fort Dodge, Iowa 50501.

ASST. WORKSHOP DIRECTOR (Rehabilitation). Bachelor's degree preferred. $8,500 depending on qualifications. Write: Director, Randolph County Sheltered Workshop, P.O. Box 151, Red Bud, Ill. 62278.

VOCATIONAL EVALUATOR II. Master's degree in vocational rehabilitation, vocational evaluation, or Bachelor's degree and 2 years of experience in vocational evaluation, rehabilitation, tests and measurements or other related field. $9,408—$11,718. Write: Vocational Evaluation Supervisor, Vocational Evaluation Unit, 1620 E. Polk St., Phoenix, Ariz. 85006.

PSYCHOLOGIST. Performs work-oriented psychological appraisals for a multidisability vocational evaluation and work adjustment program. Master's degree in psychology or rehabilitation, must be able to qualify for certification as Psychological Associate in Texas. Previous rehabilitation experience and bilingual (Spanish) preferred but not required. $12,000. Write: Program Administrator, Harlingen Vocational Evaluation Center, 300 Camellia, Industrial Airpark, Harlingen, Tex. 78550.

VOCATIONAL EVALUATOR. Bachelor's degree in Industrial Arts Education, Sociology or Psychology. Master's degree with testing/counseling experience preferred. $10,000. Write: Vocational Evaluation Unit, 3987 University Drive, Fairfax, Va. 22030.

ALCOHOLISM PLANNERS. (6 positions). Bachelor's degree with some graduate training, and planning or community organization experience. $10,600—$12,900. Write: Robert Threlkeld, Bureau of Rehabilitation, 32 Winthrop Street, Augusta, Maine 04330.

Nutrition

SUPERVISING DIETITIANS. Minimum qualifications for Dietitians plus additional 2 years of experience, or a master's degree and completion of an approved dietetic internship may be substituted for 1 year of experience. $9,814—$11,894. Write: State Dept. of Civ. Serv., State Off. Bldg. Campus, Albany, N.Y. 12226.

DIETITIANS. Bachelor's degree in dietetics or related field, or in home economics with major in nutrition, and 1 year of experience in hospital or therapeutic dietetic work, or completion of approved postgraduate hospital dietetic internship, or master's degree in dietetics or nutrition. $8,648—$10,104. Write: State Dept. of Civ. Serv., State Off. Bldg. Campus, Albany, N.Y. 12226.

DIETICIAN I. Bachelor's degree with major work in dietetics, institutional administration, or hotel administration. $8,163—$10,432. Write: Pa. State Civil Service Commission, Bureau of Recruitment, Rm. G-53, So. Office Bldg., Harrisburg, Pa. 17120.

DIETITIAN TRAINEES. Bachelor's degree with major in dietetics or related field, or home economics. $8,169. Write: State Dept. of Civ. Serv., State Off. Bldg. Campus, Albany, N.Y. 12226.

PUBLIC HEALTH NUTRITIONIST TRAINEE. Bachelor's degree with major course work in foods and nutrition. $8,163—$10,432. Write: Pa. State Civil Service Commission, Bureau of Recruitment, Rm. G-53, So. Office Bldg., Harrisburg, Pa. 17120.

NUTRITION SPECIALIST. To direct a state-wide program in nutrition for the elderly. Bachelor's degree in food/nutrition plus Master's or MPH in nutrition. Completion of a dietetic internship or its equivalent. $15,787. Write: Coordinator, Division of Administration on Aging, Dept. of Mental Health and Mental Retardation, 1105 Ohio Dept. Bldg., Columbus, Ohio 43215.

Health Services

EDITORIAL RESEARCH ASSOCIATE. To review literature and research in field of Maternal and Child Health and to report and evaluate MCH projects under study. Experience and education in health sciences, journalistic ability, and editorial experience in field of health. $17,000. Write: Helen M. Wallace, M.D., U. of Calif. School of Public Health, 513 Earl Warren Hall, Berkely, Calif. 94720.

PUBLIC HEALTH EDUCATOR. To direct comprehensive health education program. Master's degree in public health education and 3 years of experience. $995—$1,250. Appointment at a higher grade permitted if candidate's qualifications exceed the minimum. Write: Merit System, 4th Floor, Centennial Office Bldg., 658 Cedar St., St. Paul, Minn. 55155.

NURSING CONSULTANT SUPERVISOR. Bachelor's degree in nursing and 3 years of experience in public health nursing or related field, including 1 year in supervision, or graduation from accredited school of nursing and 4 years in public health nursing, with 1 year in supervision. $821—$1,164. Write: Merit System Council, 1910 W. 7th St., Little Rock, Ark. 72202.

Mail your agency's classified listings to Editor, HUMAN NEEDS, DHEW-SRS, Washington, D.C. 20201. Applicants should apply directly to the hiring agency, NOT this magazine. No "situation wanted" or nongovernmental listings accepted. There is no charge or fee of any kind for this service.

PUBLIC HEALTH PHYSICIAN II. Assist in developing chronic disease programs and in regional program development. Medical degree and completion of internship in an approved hospital, Pa. license and 4 years of experience in the field of public health. $25,115—$29,079. Write: Director, Division of Chronic Diseases, Pa. Dept. of Health, P.O. Box 90, Harrisburg, Pa. 17120.

PUBLIC HEALTH NURSE CONSULTANT. Consult in specialized nursing, maternal and child health, communicable disease control, and crippled children. Master's degree in Public Health and 4 years of experience, 2 years in an advisory capacity. $8,778—$10,863. Write: Dept. of Personnel, State House Annex, Concord, N.H. 03301.

Mental Health

PSYCHOLOGY DIRECTOR. Doctor's degree in psychology and 4 years of postdoctoral experience in clinical psychology. $1,226—$1,729. Write: Dept. of Admin., Div. of Pers'l. and Retirement, Carlton Bldg., Tallahassee, Fla. 32304.

PSYCHIATRIST I. Medical degree, completion of approved internship, and 1 year of approved psychiatric residency. $1,777—$2,443. Write: Dept. of Admin., Div. of Pers'l. and Retirement, Carlton Bldg., Tallahassee, Fla. 32304.

PSYCHOLOGIST II. Master's degree in psychology and 1 year of experience. $787—$1,088. Write: Dept. of Admin., Div. of Pers'l. and Retirement, Carlton Bldg., Tallahassee, Fla. 32304.

PSYCHIATRIST II. Minimum requirements for Psychiatrist I, and 3 years of experience. $2,084—$2,667. Write: Dept. of Admin., Div. of Pers'l. and Retirement, Carlton Bldg., Tallahasse, Fla. 32304.

CLINICAL PSYCHOLOGIST. Consultant to social service staff, administers and interprets psychological examination, participates in the monitoring and assessing of social service purchases under Title IV of the Social Security Act. $10,980—$15,660. Write: Personnel Director, St. Louis County Welfare Dept., 422 West Third St., Duluth, Minn. 55806.

SENIOR PSYCHOLOGIST. To operate rural mental health clinic. Master's degree and 4 years of experience. $13,000 and negotiable. Write: Psychologist-Administrator, Southeastern Colo. Family Guidance Center, Otero County Court House, La Junta, Colo. 81050.

Adult and Aging Programs

FIELD CONSULTANT, ADULT SERVICES. Professional, supervisory and consultation work in public welfare. Master's degree with 4 years of experience or 2 years in supervision, or a Bachelor's degree and 7 years of experience. $10,495—$13,022. Write: Dept. of Personnel, State House Annex, Concord, N.H. 03301.

CHIEF, BUREAU OF ADULT SERVICES. Plan a complete social service program for adults, including recipients of Old Age Assistance, Aid to Needy Blind, Aid to Permanently and Totally Disabled and Medical Assistance. Master's degree and 5 years of experience with 2 years in supervision. $12,144—$15,038. Write: Dept. of Personnel, State House Annex, Concord, N.H. 03301.

FIELD REPRESENTATIVE ON AGING. To develop and carry out community programs in State Office on Aging. Bachelor's degree in public administration, psychology, personnel management, or related field, and 2 years of experience in public or private personnel, public health, or related field. $593—$842. Write: Merit System Council, 1910 W. 7th St., Little Rock, Ark, 72202.

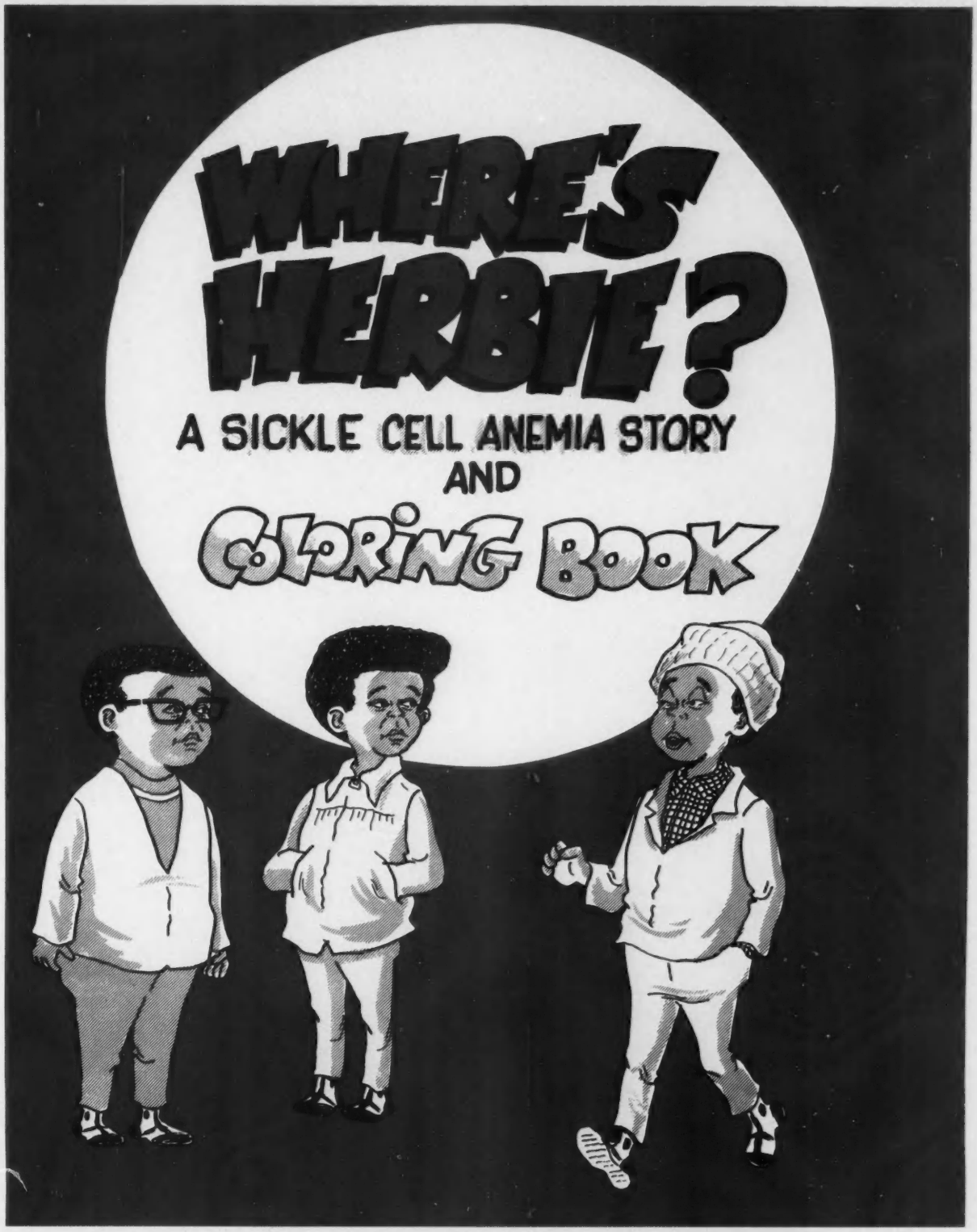
WELFARE SERVICES SPECIALIST. Adult Services Program. MSW and 1-1/2 years of experience. Additional experience may substitute for MSW on 2 for 1 basis. $9,600—$13,128. Write: Recruitment & Placement Sup't., Dept. of Welfare & Institutions, Per. Sec., 429 S. Belvidere St., Richmond, Va. 23220.

SPECIALIST IN AGING I. To collect and communicate information about status of senior citizens, to train and supervise staff. Master's degree or bachelor's and 1-2 years of experience in related field, or equivalent experience and training. $9,612. Write: Dir., Sr. Central, Mayor's Office for Sr. Citizens, 223 N. Michigan Ave., Chicago, Ill. 60601.

SPECIALIST IN AGING II. To administer field program. Master's degree and 2-3 years of experience or bachelor's degree and 3-5 years of experience. $11,700. Write: Dir., Sr. Central, Mayor's Office for Sr. Citizens, 223 N. Michigan Ave., Chicago, Ill. 60601.

CLINICAL PSYCHOLOGIST. Doctor's degree in psychology. $1,062—$1,497. Write: Dept. of Admin., Div. of Pers'l. and Retirement, Carlton Bldg., Tallahassee, Fla. 32304.

SOCIAL WORK SUPERVISOR (ADULT SERVICES). MSW and 1 year of experience. $11,124—$14,340. Can appoint above min. depending on experience. Write. Marathon Co. Dept. of Soc. Svc., 302 Grand Ave., Wausau, Wisc. 54401.



For your office copy of cartoonist Morrie Turner's sickle cell coloring book, write the Director, Office of Child Development, DHEW, Washington, D.C. 20201. Additional copies at 40¢ per copy are available from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. (Make check or money order payable to the Superintendent of Documents.)

More information on sickle cell can be obtained by writing the Director, National Sickle Cell Disease Program, National Institutes of Health, Bethesda, Maryland 20014.

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